

Swim Card

STANFORD WINDSURFING SWIM TEST CARD

Name (last,first, middle) : _____ Student ID # _____

Local Address :

Local Phone # : _____

Parents' Full Name : _____

Home Address :

Home Phone # _____

Status :

Undergrad

class of

Grad

Faculty

Staff

alumni

Special

LIFEGUARD :

Please watch the member swim 50 yards and tread water
for 5 minutes before signing and dating the line below

print name (lifeguard)

sign name (lifeguard)

date

Last Updated on 3/29/99, GS