



North Texas Swimming

Application to Host Stroke & Turn Clinic

_____ wishes to host a Stroke & Turn Clinic.

Date: _____ **Time:** _____

Location: _____

Contact: _____

Phone: _____

Email: _____

Number of expected attendees: _____

Instructor(s): _____

Do you wish to have instructors assigned by North Texas Swimming? **Yes:** ___ **No:** ___

Email to: Mike Gentry **gmgentry@aol.com**