DEKALB COUNTY SWIMMING ROSTER

SCHOOL_____ CIRCLE ONE: BOYS OR GIRLS

HEAD COACH _____ASSISTANT COACH(S)_____

FILL OUT COMPLETELY - ALL COLUMNS

NAME	YEAR	HT	WT	EVENTS	RETURN STARTER	CHECK IF PROSPECT

RETURN BY COURIER TO CHRIS CHILTON, ATHLETIC DEPARTMENT OR FAX: 678-676-1829