



# NEPSCA

## Spring Stroke and Turn Clinic begins

**Monday, April 8<sup>th</sup>, 2013**

**Dates:** 04/08/13 to 05/16/13 (Monday - Tuesday - Thurs) **6 weeks**

**Times:** Session # 1 6:00pm - 7:00pm (Beginning swimmers, 1<sup>st</sup>-8<sup>th</sup>)  
Session # 2 7:00pm - 8:30 pm (Experienced swimmers, 8<sup>th</sup>-12<sup>th</sup>)

**Where:** Alberta Morris Pool, 11201 Academy Road, Philadelphia, PA 19154

**Price:** \$120.00 for the first swimmer of the household, \$100.00 for any additional swimmer

Registration will be held Thursday, **March 28<sup>th</sup>**, Monday, **April 1<sup>st</sup>** and Tuesday, **April 2<sup>nd</sup>**. From 7pm-8pm at the Alberta Morris Pool.

Receive instruction from some of the most experienced coaches of the Philadelphia Catholic League, C.Y.S.L, S.A.L and more. For six weeks we will work on strokes and the fundamentals of swimming.

Our elite swim group will receive one hour of stroke and turn and 30 minutes of swimming to maintain their strength from their past season.

NEPSCA's clinic will be limited to **50 swimmers** in order to give quality instructions without overcrowding. The clinic is designed to work with existing swimmers of all ages to correct and perfect all aspects of competitive swimming

Any questions can be directed to Sarah Macko at [Srm5075@gmail.com](mailto:Srm5075@gmail.com) or Ed Macko at [emacko@archbishopryan.com](mailto:emacko@archbishopryan.com)

For pre-registration, you may fill out the attached form and mail it to

**NE Phila Swim Coaches Association, 12325 Academy Road #24, Philadelphia, Pa 19154**

NE Phila Swim Coaches Association, 12325 Academy Road #24, Philadelphia, Pa 19154

**\*\*Please make all checks payable to NEPSCA**

Swimmer's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please Circle Session 1 / Session 2

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact's Email \_\_\_\_\_

Additional Swimmer \_\_\_\_\_

Please Circle Session 1 / Session 2

Additional Swimmer \_\_\_\_\_

Please Circle Session 1 / Session 2

---

NE Phila Swim Coaches Association, 12325 Academy Road #24, Philadelphia, Pa 19154

**\*\*Please make all checks payable to NEPSCA**

Swimmer's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please Circle Session 1 / Session 2

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact's Email \_\_\_\_\_

Additional Swimmer \_\_\_\_\_

Please Circle Session 1 / Session 2

Additional Swimmer \_\_\_\_\_

Please Circle Session 1 / Session 2