

“PDST Communication & Billing Information” Change Form

This form is used to request any changes of email address, phone number, and home/billing address used by PDST for communication purpose. Please fill in the new information in the table and submit to PDST by email (PDSTSwimTeam@gmail.com) or drop at MW PDST box.

Request Date (MM/DD/YYYY) _____

I do NOT wish to publish the new info of: () my home address, () Phone #s in the future team directory.

PDST Swimmer Names:

Last Name	First Name	Middle Name

Parents (Guardians) Name:

First Name	Last Name (Father or 1 st Guardian)	中文姓名(if available)
First Name	Last Name (Mother or 2 nd Guardian)	中文姓名(if available)

New Communication & Billing Information (Please print clearly)

	Fill in the Info used in the registration form that will be replaced	Any new Information to be used by PDST
Primary Email address for team contact*		
2nd Email address for team contact (optional)		
Swimmer Email (Optional)		
Home & Billing address		
Cell phone 1 # (to be called first*)		
Cell Phone 2 #		
Home phone #		

For PDST use only: change communication info in PDST, PDST coaches, PDST meet entry and PDBC email accounts, Plus Parent Directory, Phone Tree accordingly.

PDST Date and Initial: _____

