CAPITAL CITY HIGH SCHOOL SWIM LEAGUE

INVOICE for CCSL Championship Swim Meet for the _____ school year.

Meet Date: _____ Number of Swimmers x $10_____

Total Due:_____
Please make checks payable to Capital City Swim League.
Credit card payments will also be accepted with a 4% processing fee.

Mailing Address: 10522 South Glenstone Place, Baton Rouge, 70810
Location Address: 7150 Bluebonnet Blvd, Baton Rouge, 70810
225.769.4323 ww.crawfishaquatics.com