

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 5% processing fee.

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