FOXX Pools
By Charles Burger

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Lap Log Sheet

Child's Name:_____ Age:_

Parent's Name:_____Start Date:_____

Address:_____

City:_____ State:_____ Zip Code:_____

E-mail:_____ Phone Number:_____

Starting Level: 1_____2_____3_____ 4_____

Date	Laps Completed	Turn In Date	Parent's Signature