



Swim Lesson Registration
Summer 2017

Member Number:

Parent's Name:

Contact Phone# 1

Contact Phone # 2

Email:

Child's Name:

Skill Level: _____ **Session:** _____ **Time:** _____

Additional Children:

Child's Name:

Skill Level: _____ **Session:** _____ **Time:** _____

Child's Name:

Skill Level: _____ **Session:** _____ **Time:** _____

Child's Name:

Skill Level: _____ **Session:** _____ **Time:** _____

Member Signature:

Payment: \$ _____ **Check Number:** _____
