

# SWIM LESSON REGISTRATION

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone & Contact Name: \_\_\_\_\_

Reside in: \_\_\_\_\_ City of Cedarburg (\$35) \_\_\_\_\_ Town of Cedarburg (\$35) \_\_\_\_\_ Non-Resident (\$70)

Participant's Name	Sex	Age	Birth Date	Session	Level	Class Time	Fee

FOR OFFICE USE: CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ DATE \_\_\_\_\_ TOTAL \_\_\_\_\_ INITIALS \_\_\_\_\_ POR \_\_\_\_\_

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