



**2011 Swim Lessons
Registration Form**

Child's Name: _____ Member #: _____

Age: _____ D.O.B: _____

Preferred Name: _____

Parents/Guardian Name: _____

Home Phone #: _____ Mobile #: _____

E-mail address: _____

***Beginning Level: _____**

**Please review level skills to determine a beginning level.*

Please indicate the session below:

Day Time Sessions

_____ Session I (July 6-15)

_____ Session II (July 20-29)

_____ Session III (Aug. 3-12)

_____ Session IV (Aug. 17-26)

Sign-up preferred by:

June 17th

July 7th

July 21st

August 4th

Night Time Sessions

_____ Session I (June 20- Aug 1)

June 14th

If you have any questions, or need additional assistance, please contact John Blanke at jblanke@thelegendatbergamont.com or 608 291~2400 ext. 222