

SIMMONS COLLEGE SPORTS CENTER

“BABY & ME” SWIM LESSONS

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CHILD’S NAME(S) _____

AGE(S) _____ DATE(S) OF BIRTH _____

PARENT/GUARDIAN’S NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMAIL ADDRESS _____

“BABY & ME” SWIM LESSON SCHEDULE:

_____ Saturday 9:30-10:00am

Please indicate the 2009-2010 Session:

_____ Fall Session: (September 19, September 26, October 3, October 10, October 24)

_____ Winter Session: (January 23, January 30, February 6, February 13, February 20)

_____ Spring Session: (March 20, March 27, April 3, April 10, April 17)

Please return completed registration form and check to:

Mindy Williams
Simmons College Athletic Department
300 The Fenway
Boston, MA 02115

Please make checks payable to: Simmons College Athletic Dept.

\$50.00/session (Simmons College Community discount: \$40.00/session)

For more information: (617) 521-1032

For Administration Use Only:

Amount Paid: _____

Check #: _____

Date Received: _____