

SIMMONS SPORTS CENTER REGISTRATION FORM

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMAIL ADDRESS _____

Please check off your affiliation with the William J. Holmes Sports Center:

<input type="checkbox"/> Simmons Student	<input type="checkbox"/> Wheelock Student	<input type="checkbox"/> Wheelock Member
<input type="checkbox"/> Simmons Faculty	<input type="checkbox"/> Emmanuel Student	<input type="checkbox"/> LIFE
<input type="checkbox"/> Simmons Staff	<input type="checkbox"/> Simmons Alumnae/i	<input type="checkbox"/> No Affiliation

MASTERS SWIM WORKOUT

Days: Monday, Wednesday, Friday
Time: 6:30 – 8:00am
Session: Fall Term: September 3, 2008 – December 19, 2008
Cost: William J. Holmes Sports Center Members: \$170.00
Non-members: \$190.00

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.

For more information: (617) 521-1032

Front Desk Use Only:

Amount Paid: _____

Check #: _____

Date Received: _____