

SIMMONS COLLEGE SPORTS CENTER MASTERS REGISTRATION FORM

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMAIL ADDRESS _____

Emergency Contact (Name): _____ *(Number):* _____

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

Simmons Student Wheelock Student Wheelock Member
 Simmons Faculty Emmanuel Student LIFE
 Simmons Staff Simmons Alumnae/i No Affiliation

MASTERS SWIM WORKOUT

Days: Monday, Wednesday & Friday

Time: 6:30am – 8:00am

Session: Fall Term: September 2 – December 19, 2009
 Spring Term: January 4 – May 21, 2010
 Summer Term: June 1 – August 20, 2010

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: _____