

SIMMONS COLLEGE SPORTS CENTER

SATURDAY YOUTH SWIM LESSONS

* * *

CHILD'S NAME(S) _____

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

PARENT/GUARDIAN'S NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMAIL ADDRESS _____

SATURDAY YOUTH SWIM LESSON SCHEDULE:

Program Fee:

Simmons Community

\$58.00 / 1 child

\$85.00 / 2 children

\$115.00 / 3 children

Non-Affiliates

\$65.00 / 1 child

\$110.00 / 2 children

\$150.00 / 3 children

Please indicate your first choice:

_____ Saturday 9:30-10:15am

_____ Saturday 10:30-11:15am

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.

For more information: (617) 521-1032

For Administration Use Only:

Amount Paid: _____

Check #: _____

Date Received: _____