

SIMMONS SPORTS CENTER 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 _____

GROUP SWIM LESSON SCHEDULE

Please indicate your first choice:

_____ Saturday 9:30 – 10:15am

_____ Saturday 10:30 – 11:15am

Please indicate the 2008-2009 Session:

_____ Fall Session: (October 4, October 11, October 25, November 1, November 8)

_____ Winter Session: (January 24, January 31, February 7, February 14, February 21)

_____ Spring Session: (March 21, March 28, April 4, April 11, April 18)

Cost: 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 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: _____