

Swim Lessons Signup Form

Name: _____

Phone #: _____

Address: _____

Childs Name: _____

Age: _____

Childs Name: _____

Age: _____

Childs Name: _____

Age: _____

Childs Name: _____

Age: _____

Childs Name: _____

Age: _____

Signature

Date

Pool Employee Signature

Date

Payment Type: Cash Check

Check #: _____

Amt. Pd.: _____

Name: _____

Level Assigned: _____

Name: _____

Level Assigned: _____

Name: _____

Level Assigned: _____

Name: _____

Level Assigned: _____

Name: _____

Level Assigned: _____

Pool Manager Signature

Date