

Riverside Brookfield Swim Lessons
Registration Form

Name(s) _____ Age____
_____ Age____
_____ Age____
_____ Age____

Address _____

City _____

Zip _____

Phone # _____

Please place a check next to the time(s) of your choice.

___ 9:30 – 10:15

___ 10:30 – 11:15am

___ 11:30 – 12:15pm

Total Number of Students _____

Total Number of Sessions _____

Total Cost _____

Check _____ Cash _____