

# Riverside Brookfield Wet Class

## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

**9 Sessions**

**Cost \$54**

**Payment: Check** \_\_\_\_\_ **Cash** \_\_\_\_\_

**Number of Adults** \_\_\_\_\_

**Total:** \_\_\_\_\_