

Group Swim Instruction

Youth & Family Programs

Fall 2009 Registration Form

Participant's Name: _____
 Date of Birth/Age: _____ Parent / Guardian Name(s): _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____ The College at Brockport F/S/S: _____
 E-Mail Address: _____ *Will only be used to provide an e-mail confirmation and program information.

▪ Check the class you would like to register for:

	Level	Day / Dates	Time
Session 1 - Wednesdays			
	Level 1	September 16, 23, 30 October 7, 14	6:00 – 6:35PM
	Level 3	September 16, 23, 30 October 7, 14	6:00 – 6:35PM
Session 1 - Thursdays			
	Level 2	September 17, 24 October 1, 8, 15	6:00 – 6:35PM
	Level 4	September 17, 24 October 1, 8, 15	6:00 – 6:35PM
	Level 5	September 17, 24 October 1, 8, 15	6:40 – 7:15PM
Session 1 - Saturdays			
	Level Pre-Beg.	Sept 19, Oct 3, 10, 24, 31	11:00 – 11:35AM
	Level 1	Sept 19, Oct 3, 10, 24, 31	11:00 – 11:35AM
	Level 2	Sept 19, Oct 3, 10, 24, 31	11:40 – 12:15PM
	Level 3	Sept 19, Oct 3, 10, 24, 31	11:40 – 12:15PM
	Level 4	Sept 19, Oct 3, 10, 24, 31	12:20 – 12:55PM

▪ Registration Fee:

_____ \$50 (Wednesday & Thursday classes)
 _____ \$50 (Saturday classes)

*A \$5 surcharge applies to payments collected the day of the first class or after.

▪ Payment Information (choose one):

_____ Please charge the Visa, MasterCard or Discover card listed below for \$ _____.

Card Number: _____

Expiration Date: _____

Signature: _____

_____ A check payable to Recreational Services is included with this form.

If paying by credit card, you may mail this form to the address listed below or fax this form to (585) 395-2884.

If paying by check, you may mail this form to the address listed below.

Mailing Address

The College at Brockport – Recreational Services
 Attention: Jolynne Corsi-Miller
 350 New Campus Drive
 Brockport, NY 14420