

# MRS. ANNABETH'S SWIMMING LESSONS

## REGISTRATION FORM:

(PLEASE PRINT)

PARENT/GUARDIANS NAME: \_\_\_\_\_

CHILDS FIRST AND LAST NAME: \_\_\_\_\_

CHILDS AGE: \_\_\_\_\_

PARENT/GUARDIAN CELL: \_\_\_\_\_

CELL # OF ADULT BRINGING CHILD TO CLASS: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

SWIM CLASS DATE AND TIME YOU ARE REQUESTING: \_\_\_\_\_

### IMPORTANT:

If you realize you cannot make it to class that week, please let me know within 48 HOURS before the start of the first class. If you do not let me know, you will lose your deposit and will not be able to roll over your deposit to another class week.

\*\*\*PLEASE PRINT AND DELIVER/MAIL THIS FORM WITH YOUR NONREFUNDABLE DEPOSIT

OF \$150 TO:

ANNABETH TATE  
102 GLENDEVON LANE  
DOTHAN, AL 36305