

MVCA Backyard Swim Program

Group Registration Form 2010



MVCA
P.O. Box 399
Long Valley, NJ 07853
908-876-3141

(Please fill out and return via mail or fax)
 Fax # 908-876-9435

Name: _____ Phone: _____

Address (pool owner): _____

Directions: _____

Children Attending Class: _____ (maximum 6 children in a group)

*Phone at pool location: _____



<u>Name</u>	<u>Age</u>	<u>Phone</u>	<u>Swimming Ability</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Sessions Available: (Must indicate 1st & 2nd choices)

**Each lesson is 35 minutes. Fridays will be used for a rain date.*

Session 1	June 21st – July 2nd	_____
Session 2	July 5th – July 16th	_____
Session 3	July 19th – July 30th	_____
Session 4	Aug. 2nd – Aug. 13th	_____
Session 5	Aug. 16th – Aug. 20th (one week only)	_____

Time Preferred: Morning (10-11:30am) _____ Afternoon (12:00-5pm) _____

Scheduled lesson times are determined on a first come, first serve basis & geographical location.

You will be notified of specific times assigned to your group.

The pool being used is:

In ground _____ Above ground _____ Range of depth _____

Comments: _____

MVCA

Backyard Swim 2010

Please fill out payment form and return with registration form



Name: _____

Mailing Address: _____

Phone Number: _____

Amount Enclosed: \$ _____

Payment Type (check one): Check _____ Credit Card _____ Cash _____

Check Number: _____

Credit Card: Mastercard _____ Visa _____ American Express _____ Discover _____

Account #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Date Received: _____ Received By: _____