

Mission Valley YMCA Swim Academy Registration Form

Mission Valley: 619-298-3576 • Fax: 619-298-9262 Toby Wells: 858-496-9622 • Fax: 858-496-8950

Participants Name: _____ (Please Print Clearly)

Address: _____ City: _____ Zip Code: _____

Age: _____ Birth Date: _____ Home Phone: _____

Work Phone: _____ Email Address: _____ (Please Print Clearly)

Facility:

Mission Valley YMCA

Academy Lessons offered (see brochure for times & dates):

Mon/Wed (4 weeks; 8 lessons)

Tue/Thur (8 lessons)

Tue/Thur (2 weeks; 4 lessons)

Saturday (4 lessons)

Mon/Wed/Fri (2 weeks; 6 lessons)

Private Lessons offered:

4 Lessons \$140

8 Lessons \$240

8 Semi-Private Lessons \$240

Note: See Program Guide for lesson fees other than private and more detailed information.

| Session: | Day/Time: | Class/Program Code: | Amount Paid |
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Payment Method: Check Enclosed Visa MC Discover

Credit Card Number: _____ Expiration: _____

Name on card: _____

Parent/Guardian Signature: _____ Date: _____

You must complete both sides of this registration. Thank you for your time and cooperation.

How did you hear about our program? _____