

2016 Swim Lesson Registration Form



Parent/Guardian Name: _____

Day Phone: _____

Address: _____

City: _____ Zip Code: _____

Alt. Phone: _____

Parent E-mail address: _____

Lesson Fees (all sessions):

Parent Child Aquatics \$ 42.00
 Pre-School, Level 1 & Adult \$ 48.00
 Levels 2-6 \$ 54.00

Specialty Class Fees:

Lifeguard Training \$200.00
 Jr. Lifeguarding \$ 90.00
 Private Lessons \$ 96.00

Mail Form and Payment to:
 City of Anoka
 C/o Swim Lessons
 2015 First Ave N
 Anoka, MN 55303

Please refer to the 2016 Class Schedule form for the class times and registration website for availability at www.ci.anoka.mn.us

1). Student Name: _____		D.O.B _____	
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
<hr/>			
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
<hr/>			
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
			TOTAL \$ _____

2). Student Name: _____		D.O.B _____	
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
<hr/>			
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
<hr/>			
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
			TOTAL \$ _____

3). Student Name: _____		D.O.B _____	
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
<hr/>			
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
<hr/>			
Session: _____	Class Level & Name: _____		Fee: \$ _____
1 st choice Time: _____	2 nd choice Time: _____	3 rd choice Time: _____	
			TOTAL \$ _____

TOTAL REGISTRATION FEES (Total all boxes & forms enclosed): \$ _____

My check is enclosed

Please charge my credit card: \$ _____ + \$3.25 convenience fee* = **CHARGE TOTAL: \$** _____

*Due to increased transaction fee's charged by credit card companies when a signature can not be verified a fee will be added to all mail & phone-in transactions.

***** Only complete the following information if paying by credit card through the mail. *****

Card Holder Name: _____
Print name exactly as it appears on the card

Billing Zip Code: _____

Visa MasterCard

Expiration Date: ____/____/____
Month Year

Sec #: ____ (last 3 digits in signature strip)

Acct #: _____ - _____ - _____ - _____

Card Holder Signature: _____