

**GOLDEN HILLS SWIMMING LESSONS
2011 Registration Form**

Child's Name _____ Age _____

Parent's Name _____ Mobile # _____

Home Phone # _____ E-mail _____

Golden Hills Member ___ Yes ___ No
If yes, member # (or pool only) _____

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|-----------------------|-----------|-------------------|-------------------|
| Session Dates: | Session 1 | June 6 – June 16 | Monday – Thursday |
| | Session 2 | June 20 – June 30 | Monday – Thursday |
| | Session 3 | July 11 – July 21 | Monday – Thursday |

Session # _____

***Preferred Class Time:**

_____ 11:00 - 11:30

_____ 11:30 - 12:00

*You will be notified of your class time by e-mail the week prior to the start of your session.

Class Level (choose one):

_____ Beginner

_____ Advanced Beginner

_____ Intermediate

_____ Competitive

To reserve a spot, please include this Registration Form with your payment of \$60 (members) or \$80 (non-members) payable to Tracy King and send to:

Tracy King

224 Palmer Drive

Lexington, SC 29072.