



# REGISTRATION FORM FOR SUMMER 2010

Please fill out and return, along with payment, to the SwimWest Front Desk.  
**FAX: (608) 831-7606      DROP OFF / MAIL: 1001 Deming Way, Madison, 53717**  
 \*Payment can be check or a credit card number with expiration date.

NAME: \_\_\_\_\_ Today's Date \_\_\_\_\_

CHILD'S BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CURRENT AGE: \_\_\_\_ GENDER (circle one) M F

PARENT'S NAME(S) (First and Last): \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

CHILD T-SHIRT SIZE: \_\_\_\_\_

**CAMP SESSIONS (please check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Session 1: June 14 - 18     | <input type="checkbox"/> Session 6: July 19 - 23    |
| <input type="checkbox"/> Session 2: June 21 - 25     | <input type="checkbox"/> Session 7: July 26 - 30    |
| <input type="checkbox"/> Session 3: June 28 - July 2 | <input type="checkbox"/> Session 8: August 2 - 6    |
| <input type="checkbox"/> Session 4: July 5 - 9       | <input type="checkbox"/> Session 9: August 9 - 13   |
| <input type="checkbox"/> Session 5: July 12 - 16     | <input type="checkbox"/> Session 10: August 16 - 20 |

ENTIRE SUMMER

EXTENDED CARE (please check all that apply) \_\_\_\_\_ From 7:00am \_\_\_\_\_ To 6:00pm

PAYMENT TYPE - Circle One:      CHECK INCLUDED      CREDIT CARD NUMBER INCLUDED

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_\_ VCODE: \_\_\_\_\_

Circle One:    VISA                    MASTERCARD                    DISCOVER

**OFFICE USE ONLY:**

Total Amount Due: \_\_\_\_\_