



REGISTRATION FORM FOR SUMMER 2017

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

CHILD'S NAME: _____ TODAY'S DATE: _____

CHILD'S BIRTHDATE: ___/___/___ AGE AS OF JUNE 12: _____ GENDER (circle one): M F

PARENT'S NAME: _____

CHILD'S ADDRESS: _____

CONTACT PHONE NUMBER: _____

PARENT EMAIL: _____

CHILD T-SHIRT SIZE (circle one): Youth S Youth M Youth L
 Adult S Adult M Adult L

Camp Sessions (Please check all that apply)

- Session 1: June 12-16 **Star Wars**
- Session 2: June 19-23 **Treasure Hunters**
- Session 3: June 26-30 **On Wisconsin**
- Session 4: July 3-7 **Party in the USA**
- Session 5: July 10-14 **Superheroes**
- Session 6: July 17-21 **Animal Adventures**
- Session 7: July 24-28 **Secret Agents**
- Session 8: July 31-August 4 **Harry Potter**
- Session 9: August 7-11 **Blast from the Past**
- Session 10: August 14-18 **Fun in the Sun**
- Session 11: August 21-25 **Swim&Gym's Got Talent**
- Entire Summer (11 weeks)

Extended Care (Please check all that apply): ___ From 7:00 am ___ to 6:00 pm

PAYMENT OPTIONS (circle one): PAY IN FULL WEEKLY BILLING (must have a credit card on file)

PAYMENT TYPE (circle one): CHECK INCLUDED CREDIT CARD NUMBER INCLUDED

Credit Card Number: _____ - _____ - _____ - _____ Exp Date: _____

Circle One: VISA MASTERCARD DISCOVER

OFFICE USE ONLY:
 Total Amount Due: _____
 Payment Amount: _____ Paid On: _____ Payment Taken By: _____

