



REGISTRATION FORM FOR SUMMER 2018

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 11: _____ 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)

- | | |
|---|---|
| <input type="checkbox"/> Session 1: June 11-15 Star Wars | <input type="checkbox"/> Session 7: July 23-27 Under the Sea |
| <input type="checkbox"/> Session 2: June 18-22 Treasure Hunters | <input type="checkbox"/> Session 8: July 30-August 3 Harry Potter |
| <input type="checkbox"/> Session 3: June 25-29 Animal Planet | <input type="checkbox"/> Session 9: August 6-10 Everyday Heroes |
| <input type="checkbox"/> Session 4: July 2-6 Party in the USA | <input type="checkbox"/> Session 10: August 13-17 Pokemon Go! |
| <input type="checkbox"/> Session 5: July 9-13 Mission Impossible | <input type="checkbox"/> Session 11: August 20-24 Fun Days of Summer |
| <input type="checkbox"/> Session 6: July 16-20 On Wisconsin | <input type="checkbox"/> 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: _____
