

# Registration Form

This form accompanied by a deposit fee of \$50, per child, per session, should be mailed to our office *within one week of making your Telephone Registration*. The balance is due on or before the start of class.

**Please Note:** If we have not received your deposit by the appropriate date, we will cancel your reserved spots. We welcome you to re-register at any time.

## MAIL US THIS FORM AFTER YOUR TELEPHONE REGISTRATION

Child's Name	Location	Session #	Time	Class Level	Deposit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total \_\_\_\_\_

\_\_\_\_\_ I give my permission to use my photo on the SOS website and/or swim brochure

**Please mail your payment to: The School of Swimming, P.O. Box 265, Rocky Hill, CT 06067**

