

Colony West Swim Club

2725 Bennington Drive
Springfield, IL 62704
217.546.2780

Swim Lessons Application

Current Member: Yes \$50 No \$75

Student's Name: _____ Student Age: _____

Adult's Name: _____

Home Address: _____
(street, city, state, zip)

Email: _____ Phone: _____

Preferred Instructor: _____

Preferred Lesson Weeks:

June 12-16 19-23 26-30

July 3-7 10-14 17-21 24-28 31-8/4

August 7-11

Preferred Lesson Times (please select up to 3):

8:00am 8:30am 9:00am 9:30am 10:00am 10:30am

I am opting out and prohibiting the use of my and/or my family members' image in advertising, media, video, or other marketing purposes.

I have read the swim lesson info page (<https://colonywestswimclub.com/swim-lessons/>) and agree with its terms.

Please sign and return this form with full payment. **Students will not be enrolled without payment.** Checks can be made payable to Colony West Swim Club.

Signature: _____ Date: _____

Office Use Only

Total Amount Paid _____ Date: _____ Cash Check Credit Card