

REGISTRATION FORM

Parent or guardian's name:

Child's name:

Phone number:

Email:

Child's age:

Child's birth date:

Days and time of your child's lesson:

If registered for a private or semi-private lesson, instructor you have signed up with:

Other comments, questions or concerns?

Please include payment and mail to:

Jackson Hole Swimming / P.O.B 9623 / Jackson, WY 83002