

Swim Lesson Registration Form

Child(ren)'s Name(S)

Age

Name of RIT Employee, Student or Retiree

Relationship to child(ren)

Contact Person' Name
(class cancellations or notices from instructor)

Phone Number

E-mail Address

Any special information about the child or instructor requests:

Please circle your preferred time slot

Fall & Spring

Winter

10:15 - 10:45 am

12:10 - 12:40 pm

10:15 - 10:45 am

10:50 - 11:20 am

12:45 - 1:15 pm

10:50 - 11:20 am

11:25 - 11:55 am

1:20 - 1:50 pm

11:25 - 11:55 am

12:00 - 12:30 pm

**For
Office
Use**

Cash

Check #

Master Card/Visa

Tiger Bucks

Worker's Initials

Date