

New Renew

Adult Registration

Swim-in Zone Inc.
4355 Saucon Creek Rd Center Valley, PA 18034
Phone 610-625-4848 www.swim-inzone.com

Date ____/____/____

Last Name _____ First Name _____

Full Address _____
Number Street City/State/Zip

Phone _____
Home Cell Work

Email _____ Emergency Contact _____

DOB if under 18 _____ **Registration Fee:** \$35.00 per family first year
no registration fee required for Red Cross Courses

1st Class name _____
Date of first class _____ Private Group Red Cross course
Days and Times Class offered _____
Class fee _____

2nd Class name _____
Date of first class _____ Private Group Red Cross course
Days and Times Class offered _____
Class fee _____

Payment must accompany registration in order for classes to be scheduled

Make Check payable to **Swim-in Zone Inc**

Credit cards accepted are Mastercard/Visa/Discover _____

Name as it appears on card _____ exp _____

Balance Due _____

Registration fee _____

Payment Received _____

Office Use Only		
Summer ____	____ Waiver signed	____ Add students into class
Fall ____	____ Payment into register	____ Make Family folder
Winter ____	____ Copy payment for file	
Spring ____	____ Enter Family in Computer	____ File on Sue's Desk