CASCADE SWIMMING POOL PUBLIC SWIMMING LESSON REGISTRATION 2023 SEASON

STUDENTS NAME:				
-	Last		First	
AGE:	BIRTHDATE: _			
PARENT'S NAME(S)):			
ADDRESS:	nber and Street			
House Nun	nber and Street	City	State	Zip
Home Phone:		Email:		
Cell Phone:				
Check Highest Level (Completed:			
	is \$45.00 * t be paid in full at time made out to "City of C		ity Hall or Onlin	ne
	******	*****	*****	*****
Lesson Times and Le 10:30 – 11:00 am Leve				
Please mark the session	on that will be attended.	Each session lasts	l week.	
Session 1: June 12-16		Session 2 July 10-		
	e provided is true and ac vimming lessons at the O			
Signature of Parent: _			Date:	
To be completed by C	ity/Pool Staff:			
Date Paid:	Amount Paid:	Paymen	nt Type:	
Name of Instructor		I evel Passed:		