

2011 TriValley Swim America Mail-in Registration Form

Only for families that have been with Swim America since 2009 or earlier.

Registration form and insurance form must be received by **April 20th**.

Mail forms to Swim America, PO Box 5068, Pleasanton CA 94566

Parents Name: _____
(Mother's last name) (First name)

Address: _____ City: _____ Zip _____

Phone (required) _____ Email _____

Child's Name (first and last)	Age	Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

*We have
your child's
level from
last year on
file.*

Sessions: _____

Time: _____ (give at least 3 options)

Group \$100 (credit card \$105) _____

Private \$240 (credit card \$245) _____

Parent/Tot \$90 (credit card \$95) _____ #1 June 13-July 6 #2 July 11-Aug 3

Stroke Clinic \$220 (credit card \$225) _____ Suit size (see website) _____ M or F _____

Registration fee \$10/per family (no refund) _____

TOTAL \$ _____

Check amount _____ Checks payable to Tri Valley Swim America

Credit Card amount _____ Card (circle one) **MC Visa** Name on card _____

Card Number _____ Exp. Date _____ Security code _____

Confirmation/receipt will be mailed to you.

\$10 cancellation fee per swimmer, for each cancelled session

925-426-8887 www.trivalleyswimamerica.com

My signature below confirms that I have read and understand the refund policy

X _____ (signature required)