

# 2018 TriValley Swim America Mail-in Registration Form

**Returning only families. Registration begins April 1st**

Registration form and insurance form must be received by **April 25<sup>th</sup>**.

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 \$115 (credit card \$120) \_\_\_\_\_

Private \$250 (credit card \$255) \_\_\_\_\_

Stroke Clinic \$230 (credit card \$235) \_\_\_\_\_

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

\$15 discount for any swimmers registered for all 4 sessions

**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](http://www.trivalleyswimamerica.com)

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

**X** \_\_\_\_\_ (signature required)