



AQUATICS REGISTRATION REQUEST FORM

Questions? Call (435)649-3991 Ext 607

Today's Date: _____ Participant's Name: _____

Disability: _____ Primary Contact: _____

Phone: _____ Email: _____

I would like to register for the following:

Park City – Ecker Hill Aquatics Center

Fall Session II			\$48.00 per session
Winter Sessions II			\$60.00 per session
Winter Session I & III			\$48.00 per session

___ Fall Session II	Monday	5:15pm-6:00pm	Oct 3, 10, 17, 24
___ Winter Session I	Monday	5:15 – 6:00 PM	Nov. 21, Dec. 5, 12, 19
___ Winter Session II	Monday	5:15 – 6:00 PM	Jan. 9, 23, 30, Feb. 6, 13
___ Winter Session III	Monday	5:15 – 6:00 PM	Feb. 27, March 5, 12 19

Heber – Wasatch Aquatic Center

Fall Session II			\$48.00 per session
Winter Session I			\$48.00 per session
Winter Session II & III			\$60.00 per session

___ Fall Session II	Friday	5:15pm-6:00pm	Oct 7, 14, 21, 28
___ Winter Session I	Friday	5:15 – 6:00 PM	Nov. 18, Dec. 2, 9, 16
___ Winter Session II	Friday	5:15 – 6:00 PM	Jan. 6, 13, 20, 27, Feb. 3
___ Winter Session III	Friday	5:15 – 6:00 PM	Feb 10, 24, March 2, 16, 23

Individual Lesson Request: *(Please choose from the above dates and times)* | Cost: \$15 per lesson

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Payment Information:

___ Please charge my credit card in the amount of _____ upon placement.

Card # _____ Exp Date: _____ CV Code: _____

___ Check enclosed in the amount of _____. Check will be processed upon placement.

For office use only:

___ Current Membership ___ Participant Forms Rec'd ___ Registration Confirmed

___ Payment Processed Notes: _____