ESPER A. PETERSEN FOUNDATION
FAMILY AQUATIC CENTER

Swim Lesson Registration Form

Household Information

Last Name _____

Address _____

_____

Phone _____

Email _____

Office Use Only

web

Participant Information

First Name	Last Name if different than above	Gender M	Gender F	Birthdate mm/dd/yyyy
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____

Enrollment Information

Participant Name	Program Code		Program Fee	
_____	_____ -		$ _____	
_____	_____ -		$ _____	
_____	_____ -		$ _____	
_____	_____ -		$ _____	
_____	_____ -		$ _____	
_____	_____ -	+	$ _____	
			$ _____	Total Due

Payment Information

☐ Check $ _____ Total Paid _____ Exp. Date

☐ Cash

☐ Visa _____ Card #

☐ Master Card _____ Signature

Swim Lessons
P.O. Box 325
Grayslake, IL 60030