

**Koinonia School of Sports**  
 Rt. 21, P.O. Box 321  
 Thompson, CT 06277 (860) 928-6420  
**Summer Swim Lessons Registration Form**  
**Summer Sessions 2010**

**2 Week Sessions (Mon. thru Thurs.)**

- \* Session One: June 28<sup>th</sup> – July 9<sup>th</sup>
- \* Session Two: July 12<sup>th</sup> – July 23<sup>rd</sup>
- \* Session Three: July 26<sup>th</sup> – Aug. 6<sup>th</sup>
- \* Session Four: Aug. 9<sup>th</sup> – Aug. 20<sup>th</sup>

**4 Week Sessions (2 Days Wkly)**

- \* Session One: June 28<sup>th</sup> – July 23<sup>rd</sup>
- \* Session Two: July 26<sup>th</sup> – Aug. 20<sup>th</sup>

**8 Week Session**

- \* Saturdays: July 10<sup>th</sup> - Aug. 28<sup>th</sup>

**Cost: 8/30 minute classes = \$68; 8/45 minute classes = \$88**

*\* There are NO make ups or refunds.*

**Please send a \$20 non-refundable deposit ~ per child ~ with your registration form**

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**Registration Form 2010**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work/Cell # \_\_\_\_\_

**Please discuss with our helpful staff which days and times are available to you.**

Session Confirmed	1 <sup>st</sup> Choice (Time)	2 <sup>nd</sup> Choice (Time)	Child's Name	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL DUE: \_\_\_\_\_ - DEPOSIT: \_\_\_\_\_ = BALANCE DUE: \_\_\_\_\_

**\* BALANCE IS DUE THE FIRST DAY OF LESSONS**

X Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please fill out General Release Form *and* Medical Coverage Form on back\*\***