Date __ __ / __ __ / __ __
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Application for Swimming Lessons

Swimmer Information

Gender: □ Male □ Female

First Name: _____

Last Name: _____

Email address: _____

Phone Number: (__ __ __)__ __ __ -__ __ __ __

Address: _____

City: _____ Province: _____

Postal Code: _____

Date of birth: _____

Nationality: _____

Have you had swimming lessons before? Circle one.
Yes No A few times

_____
Signature

LIVEWORKSHEETS