

NOB HILL SWIM CLUB

2011 Swimming Lesson Registration Form

Rolling Acres Improvement Association - P.O. Box 422 Ellicott City, MD 21041 - 410-461-9120

www.nobhillswimclub.com

Last name:			First name:		
Address:			Email address:		
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	nd	Session:	Class:		
	2 nd choice			Time:	
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Swim Lesson Summary

Total Number of Sessions (member rate):	_	\$50.00 ea	<u>\$</u>
Total Number of Sessions (non-member rate	∍): _	\$70.00 ea	\$
		Tota	I _\$
My signature below acknowledges that I have read a submission of my membership/lesson fees to abide			
On occasion Nob Hill Swim Club (RAIA) takes photo members are present. These photos and video seg web. By signing the application form you authorize members for this purpose. If you have questions or in writing at management@nobhillswimclub.com .	ments are u Nob Hill Sw	used strictly for promi vim Club (RAIA) to us	otional purposes in print and on the e photos/video of you and your family
Signature Signature	Date		
Please make ALL checks payable to Rolling Acres There is a returned check fee of \$25.00 for all return			our canceled check is your receipt.
For office use only: Check received:	. 2011	Check No.:	Amount: \$