

Snowmobile Capital of the World 🔺 ATV/UTV Capital of Wisconsin 🛨 Hockey Capital of Wisconsin

Name of Parent/Legal Guardian: _____

Relationship to Child(ren)





2025 Swimming Lessons at Silver Lake Beach

ULL Physical Address:			
ULL Mailing Address:			
ontact Phone Number(s):			
IN CASE OF EMERGENCY	, PLE A	ISE CIRCLE THE <u>I</u>	PRIMARY PHONE NUMBER.
Monday, Ju	ly 7 th t	hrough Thursday,	July 10 th
Monday, Ju	ly 14 th	through Thursday	, July 17 th
Monday, Ju	ly 21st	through Thursday	, July 24 th
Per session cost is \$20.00 for th	ne first ci	hild and \$5.00 for each	additional child
Name (First & Last) PLEASE PRINT	Age	Fee per Session	Put an X through levels passed
1)		\$20.00	① ② ③ ④ ⑤
2)		\$5.00	0 2 3 4 5
3)		\$5.00	0 2 3 4 5
4)		\$5.00	① ② ③ ④ ⑤
ignature of Parent/Legal Guardio	an		Date
For Office Use Only:			
Payment: <u>\$</u> □ Cas	sh 🛮 C	Check # Da	nte:
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