SATURDAY MORNING YOUTH LEARN TO SWIM PROGRAM
ENROLLMENT FORM:
Payment must be check or money order. No Cash
Make checks out to Plattsburgh State

NAME:________________________ AGE: ___ LEVEL: _____ TIME: ______
NAME:________________________ AGE: ___ LEVEL: _____ TIME: ______
NAME:________________________ AGE: ___ LEVEL: _____ TIME: ______
NAME:________________________ AGE: ___ LEVEL: _____ TIME: ______
PARENT'S NAME:_________________________________________________________
ADDRESS:________________________________________________________________
CITY:__________________________________________ ZIP: __________________
HOME PHONE: ___________________
WORK PHONE: ___________________

Mail to: Department of Sport & Wellness
314 Memorial Hall
101 Broad Street
Plattsburgh, NY 12901