

**2024 HLA SWIM LESSONS REGISTRATION**

**PAYMENT DUE BY THURSDAY, JULY 11, 2024 @ 1:00pm**

Name of Attendee: \_\_\_\_\_

Age of Attendee: \_\_\_\_\_

If Attendee is Guest, please provide Member Name: (print)

\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Please give a brief description of attendee's swimming experience: