

**2009 RFTC
SUMMER SWIM SCHOOL
REGISTRATION FORM**

Child's Name(s): _____

Parent's Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Choose Session(s):

Please circle all sessions and times you would like to register for.

1.) June 15th – June 26th 8:00 8:30 9:00 9:30 10:00 10:30(members only)

2.) July 6th – July 17th 8:00 8:30 9:00 9:30 10:00 10:30(members only)

3.) July 27th – August 7th 8:00 8:30 9:00 9:30 10:00 10:30(members only)

Payment : Cost per Child per Session

Member: \$55.00 / Non-Member \$70.00

Method : Cash (please do no mail) Check #

Credit (through Club office) Bill Account (members only)

Completed registration forms can be dropped off at or mailed to the River Forest Tennis Club Office at 615 Lathrop Ave, River Forest, IL 60305. If you have any questions, please contact Mark at 708 771 7780 or mark.zoller@hotmail.com.

Thanks! We'll see you at the pool!

Notes: _____

