



HORSESHOE RESORT

Red Cross Swimming Lessons 2011

Registration Form	
Parent's Name:	
Swimmer's Name:	
OHIP #:	
Swimmer's Age:	E-mail:
Phone:	
Address:	
Medical Needs:	
Method of Payment:	
Credit Card Number:	
Expiry Date:	
Signature:	

Check Lesson Level: Minimum number of Participants is 4, max is 6.				
√	Level	Date	Time	Cost*
	1			\$42
	2			\$42
	3			\$42
	4			\$42
	5			\$58
	6			\$58

*taxes not included

Private Lesson:	
Semi - Private Lesson	
Group Lesson	