



Infant Swimming Resource with Senior Master Instructor Amy Pritchett

Date Rec'd: _____
Deposit: _____

2019 Pre-Registration Form for Atlantic Beach Country Club **ATLANTIC BEACH CC MEMBERS ONLY**

As a reminder, sessions and time requests fill up quickly. All time slots and session choices are determined by the date the Pre-Registration Form **and** Deposit are received.

Deposit Amount: \$50 (non-refundable) **Weekly Fee: \$105**

2019 Sessions: 2:30 to 4:30 New Students and Refreshers - 4:30 to 5:00 Refreshers Only

Session 1 – March 25– May 2 - Time Requests _____

Session 2 – August – September - TBD

New **Refresher**

Child's First/Last Name: _____ DOB: _____

Parent First/Last Name: _____

Primary Email: _____ Phone: _____

Full Address: _____

ABCC Member Name: _____

ABCC Membership Number: _____

Has Parent Observed an ISR lesson before? **Yes or No**

Each sibling will need his or her own completed Pre-Registration form and deposit.

Please tell me any pertinent information that will help me schedule your child: _____

Once we receive your forms and deposit you will receive a confirmation email from Jane with additional information regarding ISR National Registration requirements.

Make Checks Payable to: Amy Pritchett

Mail Form and Deposit to: 1026 18th Street North, Jacksonville Beach, FL 32250