|  |  |
| --- | --- |
| Childs Name |  |
| Parent/Guardian Name |  |
| Address |  |
|  |  |
| Postcode |  |
| Contact Telephone Number (Land Line) |  |
| Best time to contat |  |
| Childs date of birth |  |
| Date of Application |  |

Please tick lesson preferred

|  |  |  |
| --- | --- | --- |
| Thursday 6:00pm | Rochdale Swimming Baths |  |
| Thursday 6:30pm | Rochdale Swimming Baths |  |
| Sunday 5:00pm | Heywood Swimming Baths |  |
| Sunday 5:30pm | Heywood Swimming Baths |  |

We will try to offer your preferred lesson time where possible

All information on this sheet must and will be kept private and confidential, due to the Data Protection Act and our own Club policies

Please return this form to the Club Desk or

Mrs Edith Ford

76 West View, Littleborough, OL15 0JD

Tel: 01706 372246

Eford29@btinternet.com