

SUMMER 2018

Swimmer #1: Name _____ Level _____

Swimmer #2: Name _____ Level _____

Parent/Guardian Name: _____

Cell phone number: _____

Email: *(required)* _____

Only email will be used as the notification method for any class time changes or postponements due to weather or other circumstances. It will also be used for new session announcements.

There are only two sessions being offered, each consisting of 8 classes on both Thursday evenings and Saturday mornings.

Please circle preferred session:

Session 1: Thursday nights @ 5PM and Saturday mornings at 10AM

Session 2: Thursday nights @ 5:30PM and Saturday mornings at 10:30AM

ACTUAL DATES OF ALL CLASSES:

Thursdays: June 14th, 21st, 28th; July 5th and July 12th

Saturdays: June 30th; July 7th and July 21st

Keep in mind that space is limited. Registrants are taken on a first come, first accepted basis.

REGISTRATIONS WILL ONLY BE TAKEN AT THE LYNDHURST PARKS DEPARTMENT

They will NOT be accepted at the pool facility NOR by MAIL.

Cost **\$130** for 8 classes. **NO REFUNDS** - Make Checks Payable to: "Township of Lyndhurst"

Registration Location: Lyndhurst Parks Department, 250 Cleveland Avenue, Lyndhurst, NJ

Class Location: Lyndhurst Community Pool, 400 Weart Avenue, Lyndhurst, NJ

Swimmers who have 6 or more stickers with SwimAmerica are encouraged to try out for SKYY swim team.

Please email Erin Miller, Program Director at emmalex2@aol.com

Or Tom Cafaro, Pool Manager at poolinfo@lyndhurstnj.org

(For Department Use Only)

Amount: _____ Check # _____ Date Paid: _____