

ATTENTION
Please Note
Lengths Classes
 Wednesday 5-5.45 PM
 Thursday 6-6.45 PM
 Saturday 9.45-10.30 AM

Seirbhísí Fóillíochta **dlr**

dlr Leisure Services

Glenalbyn Swimming Pool

Phone (01) 2881502 / (01) 2881678
 Fax (01) 2783452

Payment for existing pupils Form

Children's Teaching Classes September 2011

Cost:	Members	Non-Members
1 Child	€70.00 <input type="checkbox"/>	€85.00 <input type="checkbox"/>
2 Children	€136.00 <input type="checkbox"/>	€166.00 <input type="checkbox"/>
3 Children	€204.00 <input type="checkbox"/>	€249.00 <input type="checkbox"/>
4 Children	€272.00 <input type="checkbox"/>	€320.00 <input type="checkbox"/>

To secure your child's place for September 2011 please fill in the form below and return with payment before **mid-August** otherwise a place cannot be guaranteed.

Should you not require a place for September please inform reception

Cheques payable to GLENALBYN SWIMMING POOL

ALL CHILDREN MUST CHECK IN AT RECEPTION PRIOR TO SWIMMING CLASS

Telephone Number:

Email Address:

Membership Number:

(Membership card must be produced)

Please tick current session - No transfers once payment for class is received (NO TRANSFERS ALLOWED)

- | | | | | | |
|-----------|---------------|--------------------------|----------|----------------|------------------------------------|
| Monday | 5.00 - 5.45pm | <input type="checkbox"/> | Thursday | 4.00 - 4.45pm | <input type="checkbox"/> |
| Monday | 6.00 - 6.45pm | <input type="checkbox"/> | Thursday | 5.00 - 5.45pm | <input type="checkbox"/> |
| Tuesday | 4.00 - 4.45pm | <input type="checkbox"/> | Thursday | 6.00 - 6.45pm | <input type="checkbox"/> (Lengths) |
| Tuesday | 5.00 - 5.45pm | <input type="checkbox"/> | Friday | 4.00 - 4.45pm | <input type="checkbox"/> |
| Wednesday | 4.00 - 4.45pm | <input type="checkbox"/> | Saturday | 12.15 - 1.00pm | <input type="checkbox"/> |
| Wednesday | 5.00 - 5.45pm | <input type="checkbox"/> | | | |

Parent's Name Only

Name of Child 1: (PRINT NAME)	<input type="text"/>	Cheque <input type="checkbox"/>
Name of Child 2: (PRINT NAME)	<input type="text"/>	Credit Card <input type="checkbox"/>
Name of Child 3: (PRINT NAME)	<input type="text"/>	Cash <input type="checkbox"/>
Name of Child 4: (PRINT NAME)	<input type="text"/>	

****Please inform staff of any medical / other requirements****