



Website: [www.kirbyswim.com.au](http://www.kirbyswim.com.au)  
 Email: [swim@kirbyswim.com.au](mailto:swim@kirbyswim.com.au)  
 Address: c/o Beaufort Physiotherapy,  
 777 Beaufort St. Mount Lawley  
 Phone: Trish - 0411442953

## Mount Lawley Swimming, Term 3, 2011

### Enrolment Information

**Surname:** \_\_\_\_\_

Swimmer 1: \_\_\_\_\_ Level: \_\_\_\_\_ Age: \_\_\_\_\_

Swimmer 2: \_\_\_\_\_ Level: \_\_\_\_\_ Age: \_\_\_\_\_

Swimmer 3: \_\_\_\_\_ Level: \_\_\_\_\_ Age: \_\_\_\_\_

**Address:** \_\_\_\_\_

*Street Address*

*Suburb*

*Post Code*

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Lesson Time

**Time Preference 1:** \_\_\_\_\_

**Time Preference 2:** \_\_\_\_\_

**Medical conditions:** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_ **Parent Name** \_\_\_\_\_

### Payment Details

Credit card details: Master Card / VISA Name on the Card: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_ Cost: \_\_\_\_\_

Card number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

### TERM PROGRAM

Monday 25<sup>th</sup> July – Saturday 1<sup>st</sup> Oct

### TERM 3

Time	Tuesday	Wednesday	Thursday	Friday	Saturday
9.00am					Pt./baby
9.30am	Pt./baby		Pt./baby		Pt./baby
10.00am	Pt./baby		Pt./baby		Pt./baby
10.30am	LTS		LTS		Pt./baby
11.00am	LTS		LTS		LTS
11.30am	LTS		LTS		LTS
3.00pm	LTS	LTS	LTS	LTS	
3.30pm	LTS	LTS	LTS	LTS	
4.00pm	LTS	LTS	LTS	LTS	
4.30pm	LTS	LTS	LTS	LTS	

10 Week Term  
 Tues, Wed, Thurs, Fri,  
 Sat

Parent/baby \$140  
 Learn to Swim \$150

5% discount off 2<sup>nd</sup> and  
 subsequent children

### Office Use Only

BOOKED \_\_\_\_\_

INVOICED \_\_\_\_\_  PAYMENT PROC \_\_\_\_\_  CONFIRMATION EMAILED