

Booking Form for Total Immersion Swimming Lessons

Name: _____

Date of Birth: _____

Address: _____

Post Code: _____

Telephone: Mobile: _____ Home: _____

Email Address: _____

Next of kin: _____

Email Address: _____

Please state any relevant medical conditions or water phobias:

I acknowledge receipt and have read the terms and conditions: _____ Please mark
with an "x"

Preferred lesson time:

Day of week: _____ Time: _____

Signed: _____ Date: _____

Please make all cheques payable to The Swim Shed Ltd.
Direct Payment: The Swim Shed Ltd, Sort Code 301883, Acc No 11502060

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Duncote
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Please return Booking Form on or before your first lesson