

Registration Form

You may submit this form in person at The Marsh or via fax (952-935-9685), email (jmarkus@themarsh.com) or postal mail (15000 Minnetonka Boulevard, Minnetonka, MN 55345)

Parent's Name: _____ Email: _____

Home Phone #: _____ Cell Phone #: _____ Other Phone #: _____

Address: _____ City/State/Zip: _____

Are you a Marsh Member? No Yes Member # _____

Please register my child/ren for the following lessons:

Child 1: _____ Birth Date _____ School _____ Grade _____

Session (*circle*): Fall Winter Spring Summer Class Level: _____ Number of classes per week (*circle*): 1 2

First choice day: _____ Second choice day: _____ Third choice day: _____

Earliest time your child can be ready to swim between 4:00 p.m. and 6:00 p.m.: _____ **Session cost: \$** _____

Child 2: _____ Birth Date _____ School _____ Grade _____

Session (*circle*): Fall Winter Spring Summer Class Level: _____ Number of classes per week (*circle*): 1 2

First choice day: _____ Second choice day: _____ Third choice day: _____

Earliest time your child can be ready to swim between 4:00 p.m. and 6:00 p.m.: _____ **Session cost: \$** _____

Child 3: _____ Birth Date _____ School _____ Grade _____

Session (*circle*): Fall Winter Spring Summer Class Level: _____ Number of classes per week (*circle*): 1 2

First choice day: _____ Second choice day: _____ Third choice day: _____

Earliest time your child can be ready to swim between 4:00 p.m. and 6:00 p.m.: _____ **Session cost: \$** _____

Total session cost for all children participating: \$ _____

CHARGE TO MY MARSH ACCOUNT # _____ Check Enclosed # _____

CHARGE TO VISA/MASTERCARD: Exp. Date: _____ Number: _____

Signature: _____

Make checks payable to The Marsh.

** We will call and email you one week prior to the start of lessons with your child's class time and date.*