



C-Mac 3805 Magnolia, Palo Alto, CA 94306

2017 Reservation Form

Student Name: _____ Age: _____

Parent Name (if child): _____ Email: _____

Mailing Address: _____ City: _____

State: ___ Zip code: _____ Day Phone: _____ PM Phone: _____

Please indicate one: Water baby Youth Adult

Please indicate one: New Student Returning CMAC student

Please indicate the dates of all the sessions in which you wish to enroll this student:

Session 1 - June 5 - June 15 Session 2 - June 19 - June 29 Session 3 - July 3 - July 14

Session 4 - July 17 - July 21

Please indicate your preferred class times (indicate first, second, and third choices) check line or box.

2:00pm ___ 2:30 ___ 3:00 ___ 3:30 ___ 4:00 ___ 4:30 ___ 5:00 ___ 5:30 ___ 6:00 ___ 6:30 ___

Prefer same time as sibling or carpool buddy. Name: _____

Please indicate the ability level of this student:

- A—No water experience
- A+ Some experience, willing to place face in water
- B—Places face in water while floating
- B+ Dog paddles and kicks while floating
- C—Takes breath while paddling, floats on back
- C+ Starting "big arms" freestyle and backstroke
- D—Freestyle with side breaths and butterfly
- E—Swims all 4 strokes
- E+ Stroke technique
- CMSS—Excellence in stroke

For Office Use Only		Check # _____
		Date Received: _____
Deposit: _____	Sessions: 1 2 3 4 5	
Time _____	Instructor _____	Grade _____ 1
Time _____	Instructor _____	Grade _____ 2
Time _____	Instructor _____	Grade _____ 3
Time _____	Instructor _____	Grade _____ 4
Time _____	Instructor _____	Grade _____ 5

Indicate additional information the instructor should know about this student

Please enclose a **\$25.00 deposit for each session** with this registration form and send to CMAC, 3805 Magnolia Dr, Palo Alto, CA 94306. Make check **payable to Carol Macpherson Aquatic Center**. The deposit will be applied towards the lesson fee. To receive a refund, cancellation notice must be received no later than the Monday before the starting date.