

Columbia Valley OTTERS
Summer Swim Lesson Program

Registration & Receipt Form

Participant Name: _____ Forms on file: _____
Red Cross Swim Level: _____ Program Fee: _____
Session: _____ Location: _____ Date: _____ Time: _____

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FEES:

| | | |
|----------------------|----------|---------|
| Parent and Tot | 150 min. | \$40.00 |
| Pre-school Levels | 240 min. | \$55.00 |
| Red Cross Level 1-5 | 320 min. | \$65.00 |
| Red Cross Level 6-10 | 400 min. | \$70.00 |
| Stroke Clinics | 150 min. | \$40.00 |

PAYMENT: \$ _____

Chq.# _____ Cash _____

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Fitness Tax Credit Official Receipt

P.O. Box 411, Radium Hot Springs, BC V0A 1M0
Phone: 250-347-9562 email: columbiavalleyswimclub@hotmail.com

Participant Name: _____
Date of Birth: _____ RC Swim Lessons: Date: _____
Amount Received: \$ _____ Payment: CHQ# _____ Cash _____
Authorized Signature: _____