

INITIAL ENQUIRY FORM

NAME OF PARENT/GUARDIAN

NAME OF CHILD

ADDRESS

HEALTH INFORMATION

POSTCODE

HOME TELEPHONE

MOBILE

EMAIL

AGE

DATE OF BIRTH

SWIMMING ABILITY AND EXPERIENCE

PREVIOUS BADGE AND CERTIFICATES GAINED

PREFERED VENUE

PREFERED TIME

SIGNED

DATE

**RETURN TO: EDWARD & MICHELLE REEVES
90 STATION ROAD, EARLS BARTON, NORTHANTS NN6 ONT
EMAIL:schoolofswimming@btinternet.com**