

Swimming Lesson Enquiry Form



Harlow Leisurezone
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Harlow
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CM20 3DT
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Date:

Swimmers Full Name:

Date of Birth and Age:

Address:

County:

Post Code:

Telephone Number:

Home Phone:

Contact Name:

Email:

Current Swimming Ability:

Preferred Days/Times (if any):

Emergency Contact Number:

Interested in Group Lessons:

Check Box

Interested in Private Lessons:

Check Box

Medical Information:

Relevant Information: