Charters Towers Isolated Children's Parents' Association

Swimming Clinic Registration Form

27th March and 28th March 2018

Parent Name:

Email:

If you are a member of ICPA, please indicate which Branch you are with:

CHILDREN'S DETAILS

Name	Age	DAYS ATTENDING		SWIMMING ABILITY					ICPA Branch members $15 PER DAY PER CHILD	Non ICPA members $20 PER DAY PER CHILD
		Tues 27th	Wed 28th	Unable	Beginner	Learning to breathe	Confident with freestyle	Confident with all strokes		
		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐	☐	☐		
Total Cost									$	$

Form to be returned to Miranda Ryan via email charterstowersicpa@gmail.com **by** Friday 23rd March. **Payment to be direct deposited to CT ICPA -:** BSB: 064805 ACC: 10039509 **using your surname and initials as reference**