

NEW YORK SWIMS AT
ALL ★ STAR FITNESS CENTER

75 West End Avenue, New York, NY 10023
Telephone: (212) 265-8200 Fax: (212) 974-1713
E-mail: AllStarFitCtr@aol.com

Adult Swim Registration		
First Name:	Last Name:	
Address:	Apt:	
City:	State:	Zip:
Telephone: Home:	Work:	
E-Mail:		

Please check type of program:

- Private Swim Lesson
- Group Swim Lesson
 - Beginner
 - Intermediate
 - Advanced
- Personal Stroke Analysis
- Water Exercise Class

Please indicate your availability:

- | <u>Day</u> | <u>Availability</u> |
|------------------------------------|-----------------------|
| <input type="checkbox"/> Monday | From: _____ To: _____ |
| <input type="checkbox"/> Tuesday | From: _____ To: _____ |
| <input type="checkbox"/> Wednesday | From: _____ To: _____ |
| <input type="checkbox"/> Thursday | From: _____ To: _____ |
| <input type="checkbox"/> Friday | From: _____ To: _____ |
| <input type="checkbox"/> Saturday | From: _____ To: _____ |
| <input type="checkbox"/> Sunday | From: _____ To: _____ |

Approximate Start Date: _____

Please e-mail completed application to allstarfitctr@aol.com