

**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

Swim Camp 2004

Child's Information

Last Name:	First Name:
Date of Birth:	
School:	

Parents' Information

Last Name:	First Name:	
Home Phone #:	Emergency Phone #:	
Home Address:	Apt #:	
City:	State:	Zip:
E-Mail Address:		

Schedule

MONDAY – FRIDAY 8:30AM – 6:00PM

<input type="checkbox"/> SESSION I	June 28 – July 9
<input type="checkbox"/> SESSION II	July 12 – July 23
<input type="checkbox"/> SESSION III	July 26 – August 16
<input type="checkbox"/> SESSION IV	August 9 – August 20

Fees

\$500 per session
15% Sibling Discount
10% Discount for each additional session

Payment Info

Payment Method (Check One):	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check #: _____
Credit Card:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express
Credit Card#:	Exp: ____ / ____		
Total Amount \$_____			
Name as it appears on the card:			
Card Holder's Signature:			

**** Please use one application form per child ****

Please return to:
New York Swims
% All Star Fitness Center
75 West End Ave
New York, NY 10023
Fax: 212 974 1713