

Dana Point Aquatic Center AKA Aloha Swimming
Renewal Form

Child's Name _____ Age _____ Swim Level _____

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Instructor Preference _____

Parent's Name _____

Email Address (required) _____

Phone Number _____

Circle the days you'd like: M/W or T/Th

Timeframe Request _____

Total amount submitted if paid by cash \$ _____

Sign and print your name

Date