



2009

JOE FLAHERTY'S DOLPHINS

ADVANCED STROKE--STROKE CLINIC--LESSONS

REGISTRATION FORM

2010

Swimmer's Last Name	First	Middle	Age	Birth Date
Street Address			Home Phone Number	
City	State	Zip	Cell Phone Number	
Mother's Name	Work Phone	Father's Name	Work Phone	
E-mail Address (for JFD announcements only)				
If you swam for JFD previously, your coach and attach any comments about that coach			Summer Swim Team and/or School	

FEES – PAYMENT PLANS

PRACTICES PER WEEK (Please Circle One)

Program Fee:	1	2	3	Fees
Lessons are 45 minutes	\$589	\$992	\$1,240	\$
Stroke Clinic is 1 hour	\$589	\$992	\$1,224	\$
Advanced Clinic is 1.5 hours	\$816	\$1,190	\$1,564	\$
You will receive 10% off of each additional sibling's program fee			-	\$
Annual Registration Fee: Non-Refundable, \$45.00			+	\$ 45.00
Bonus Practice Fee: Optional – Covers unlimited Bonus Practices, 20-30 annually \$135.00			+	\$
Circle Location: Quince Orchard Georgetown Prep			Total Due	

Number of Practices per week: _____ **Days (circle)** M Tu W Th F Sa Su

Start Date: _____ **Time:** |__| |__| |__| |__| |__| |__| |__|

*We are providing suits for our swimmers this season.
A coupon will be sent to you through the mail and you can take it to Underwater Wear to pick up your suit.*

Payment Options: (Circle One)

Option A – Check (Please write your child's name on the check)

Option B – Credit Card

Option C – Monthly Billing thru EFC (Please note: 10% additional fees. Separate form to fill out.)

Please call the office with any questions.

Option A: Please make checks payable and send to:

Joe Flaherty's Dolphins, Inc.

16512 Roundabout Dr.

Gaithersburg, MD 20878

Or Fax to 301 916-2952

Or call 301-916-1852 with any questions!

Option B: Credit Card

Please Charge My Credit Card: __ Visa __ MasterCard __ AMEX __ Discover

Account Number: _____ Exp. Date: _____

Signature: _____ **Date:** _____

Option C: Please fill out the separate form for EFC (Educational Funding Co.)