

Wilderness Experiences Unlimited Sharks & Splash Application

526 College Highway Southwick, MA

Swimmers Name: _____ Age: _____

Address: _____

Email Address (required): _____

Contact phone: _____

Emergency contact (different than above): _____

Medical considerations, allergies, additional info:

SEE YOU December 14th 6pm-7pm

For Parents Information Evening & Swimmer Try Outs.

Please attach \$25 Application Fee (Checks Made out to W.E.U)

Parents Signature: _____

By signing you are recognizing all WEU course and cancellation policies (listed on website)

Payment in full enclosed: _____ Check Number: _____

Return to:

WEU PO BOX 265 SOUTHWICK, MA 01077