



Community Swim Program Registration Form

Last Name: _____		First Name: _____	
Address: _____			Apt: _____
City: _____		State: _____	Zip: _____
Telephone Day: (____) _____		Evening (____) _____	
E-mail: _____			Sex: M____ F____
Date of Birth: ____/____/____			
START DATE		END DATE	
____/____/____		____/____/____	

Term	Member	Fee
Winter/ Spring	Adult	\$255
Summer/Fall	Adult	\$300
Winter/Spring	Senior 65+	\$155
Summer/Fall	Senior 65+	\$200

PAYMENT INFORMATION

Check/Money Order Payable to: **Borough of Manhattan Community College/CUNY** (Check# _____)

REFUND POLICY

100% refund will be made to any registrant who submits a request in writing to the Office of Continuing Education two (2) business days before the first swim session; 50% refund if it is submitted prior to the start of the second session. There will be no refund thereafter. Please allow 4-6 weeks for processing.

Signature: _____	Date: ____/____/____
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Mail to: BMCC Adult Continuing Education
Bursars Office
25 Broadway, 8th Floor
New York, NY 10004