

Purchase Aquatics Registration Form

Please select from the options below

Participant's Name: _____

Age: _____ Date of Birth: _____

Mailing Address: _____

Phone : _____

Cell: _____

Email: _____

Session: _____

Level: _____

Day: _____

Time: _____

Fee: _____

Please mail form with payment to:

Purchase College SUNY
Physical Education, Athletics & Recreation
735 Anderson Hill Road
Purchase, NY 10577
Attention: Chris Klint



We're waiting for you!

Please Select Session, Level, Day and Time for each Participant or Session

If registering during the early-bird enrollment, a sibling or for an additional session you may take 10% off of the fee for that person or session.

How did you hear about this program?

Advertisement: _____

Past Participant: _____

Web Search: _____

Referred by: _____

Today's Date: _____

Participant's Name: _____

Age: _____ Date of Birth: _____

Same Mailing Address & Contact Info

Session: _____

Level: _____

Day: _____

Time: _____

Fee: _____

Participant's Name: _____

Age: _____ Date of Birth: _____

Same Mailing Address & Contact Info

Session: _____

Level: _____

Day: _____

Time: _____

Fee: _____

Total Fees Due: _____