

SWIMVISION WAITING LIST CARD



Name:

Address:

Postcode:

www.vision-rcl.org.uk



active 4 life



In partnership with
London Borough of
Redbridge

SwimVision Waiting List Card

Form ref: APR11 / JWD11FWCA5

Fullwell Cross Leisure Centre | 020 8550 2366 | info@vision-rcl.org.uk

Please ensure you provide all the information requested, incomplete cards will not be added to the waiting list

For Office Use Only:



Applicants Forename:

Surname:

Parent/Guardian Name: (If applicant is under 18)

Swim Vision Stage: (Please refer to SwimVision class day and time list available from Reception)

Application Date:

Adult/Junior:

Age: (Juniors)

DOB:

Tel No. (Day)

Tel No. (Eve)

Mobile:

Please list below all suitable day/time options for the Swim Vision Stage you are applying for.

1

4

7

10

2

5

8

11

3

6

9

12

N.B. The more time/day options provided will result in shorter waiting time. **Please complete address on reverse**

A place has been reserved for you on _____ (Day) at: ____ : ____ (Time). Payment of £ _____ to be received by ____ / ____ / ____ to secure your place. Course commences week beginning ____ / ____ / ____

Card and payment to be returned in person. No postal payments (Note we do not accept cheques). No refunds.

If you have any Medical Conditions or Additional Needs please complete a medical form at Reception when you hand in this completed card.