

# SWIMVISION WAITING LIST CARD

Name:

Address:

Postcode:

[www.vision-rcl.org.uk](http://www.vision-rcl.org.uk)



In partnership with  
London Borough of

**Redbridge**



## SwimVision Waiting List Card

Centre:

For Office Use Only:



Applicants Name: (One name per card)

Parent/Guardian:

Level:

Date:

Adult/Junior:

Age: (Juniors)

DOB:

Tel No. (Day)

Tel No. (Eve)

Mobile:

List all available choices

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 (Cheque Guarantee Card required). 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.