



Osseo Swimming Lesson Form

Please fill out one form per child, per session

Child's Full Name:		Age:
Previous Passed Level & Location:		
Parent/Guardian Name:		
Main Phone #:	Emergency Phone:	

For Official Use Only:

Day 1	1	2	3	4	5	6
Night 1	1	2	3			
Day 2	1	2	3	4	5	6
Night 2	1	2	3			
Day 3	1	2	3	4	5	6
Payment:	Check #			Cash		

Checks can be made payable to: City of Osseo



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