**STREAMLINE SWIM ACADEMY**

**BOOKING FORM**

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| **New Form Submission** |

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| **Parent Name:** |
| **Child Name:** |
| **Telephone:** |
| **Email:** |
| **Lesson type:** |
| **Location:** |
| **Child's DOB:** |
| **Child's school year:** |
| **Child gender:** |
| **Previous swimming badges (If any):** |
| **Previous swimming school (if any):** |
| **Distance able to swim without flotation device?:** |
| **Preferred day of week?:**  |
| **Second choice day of the week?:** |
| **Any specific requests:** |

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