Nassau County Dept. of Parks, Recreation & Museums

Swim Lesson Lottery Application (fill out one per child/adult)

Parent/Guard. Name _____ _____ D.O.B.: __ __/__ __/__ __ Sex: *circle* M F
LAST FIRST

Child's Name _____ _____ D.O.B.: __ __/__ __/__ __ Age ____ Sex: *circle* M F
LAST FIRST

Address _____ Town _____ Zip _____

Phone # (516)_____ *Other #* _____ Leisure Pass# _____

Class Level:_____ (Pre-School levels are for ages 3-5 only)

1ST CHOICE Class #: _____ Day of Class: _____ Time of Class:_____

2ND CHOICE Class #: _____ Day of Class: _____ Time of Class:_____

3RD CHOICE Class #: _____ Day of Class: _____ Time of Class:_____

ALL CHOICES ARE FINAL AFTER ENTERED INTO THE SYSTEM.

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