



Joanna K Chodorowska, BA, NC
106 Pimlico Way ~North Wales, PA 19454-4500
215-272-6774
fax: 215-393-5397
www.nutrition-in-motion.net

Learn 2 Swim 4 Triathlon® Clinic registration form

Name: _____
Address: _____

Phone: _____
Email: _____

Method of payment (\$235 per person):
Coupon/ discount?: ____ (CGI __; Hi Roads __; other _____)
Check No. _____
V/MC/DISC/AMEX (circle one)(add \$5.00 for credit card processing)
Name as on card: _____
Card Number: _____
Exp Date: _____ Code _____
Address if different than above: _____

Signature

Please indicate how you heard about the program: email - ad - friend - HRC - other _____

Skills & Drills swim clinics

2:00 – 3:30 PM for 4 consecutive Saturdays. Please check the session you are signing up for:

Session I: January 31st – February 21st: _____
Session II*: March 14th – April 4^h: _____
Open water sessions only \$60 _____ (April 18th - 2-3:30 PM) or _____ (May 9th - 2-3:30 PM)
* there will be no class on Easter weekend, April 12th

Classes will be held at the Temple Ambler Pool in Ambler off of Butler Pike and Meetinghouse Rd.
Please email the completed forms to 8weeknutrition@verizon.net or send via fax to 215-393-5397 or send via mail to above address. You must pre-register for the class! Please write checks to Nutrition in Motion.

Payment is appreciated prior to the date of the class start date. Cancellation week prior to class will result in 50% refund. Cancellation within the week prior will result in no refund.

I look forward to having you in the class. And thank you for your interest in swim lessons and your health ☺

Sincerely yours,

Joanna K Chodorowska, BA, NC
Nutrition in Motion