



B E W E G E N O P O N S N I V E A U

Registration form A/B/C Swimming lessons

Child Data

Child's name:

Date of birth:

Desired diploma: A B C

Name of parent(s)/guardian(s):

Telephone:

Email:

IBAN:

Preferred lesson day *(check what applies)*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Please note. This form does not guarantee placement on the specified date.

Date:

Parent's signature:

Signature BSO BOON

*You can submit this form at the reception of
Special Sports Amstelveen, Escapade 1, 1183 NM Amstelveen*