

# S.E.C.A. SWIM CLINIC

**LAMPETER-STRASBURG YMCA LOCATED AT**  
**800 VILLAGE ROAD LANCASTER, PA 17602 (IN LS)**

FRIDAY NIGHTS

March 16, 23, 30 April \*, 13, 20, 27, & May 4

**\*Note: No Clinic on April 6<sup>th</sup> (Good Friday)**

**\*\*\*Times\*\*\***

**10 years & under 6:30 pm -7:15 pm (can run until 7:30)**

**11 years & up 7:30 pm -8:30 pm**

**FEE: \$60 (NON-REFUNDABLE) FOR EACH CHILD**

Friday Night Clinics will concentrate on stroke technique.

March 16 will be freestyle

March 23 & 30 will be backstroke & review

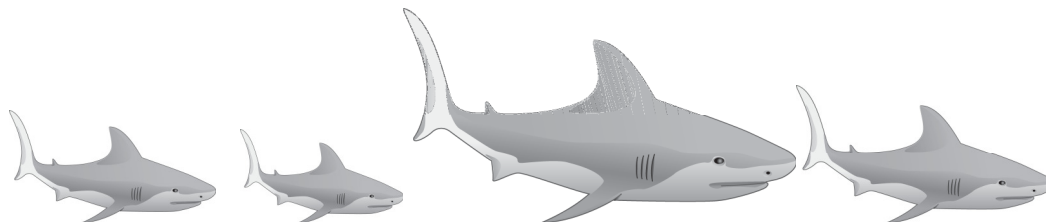
April 13 and 20 will be breaststroke & review

April 27 will be butterfly & review

May 4 will be a review of all strokes

**ANY QUESTIONS PLEASE CALL:**

ROBIN CAPOFERRI 529-2826, CATHY PEIFER 786-4043, OR SHERRY ZELLERS 806-3066



- **ALL SWIMMERS *MUST* BE ABLE TO SWIM ONE LENGTH OF THE POOL**

DETACH AND RETURN FORM BY MARCH 9 (after March 9<sup>TH</sup> bring form to clinic)

**WITH CHECK PAYABLE TO SECA**

RETURN THIS PORTION WITH FEE BY MARCH 9 (after March 9<sup>th</sup> bring form to clinic) TO:  
ROBIN CAPOFERRI • 768 KING PEN ROAD • KIRKWOOD, PA 17536

## S.E.C.A. SWIM CLINIC FORM

SWIMMER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Fee \_\_\_\_\_ waiver(on other side) \_\_\_\_\_

