

TOWNSHIP OF  
EDWARDSBURGH/CARDINAL  
FREE SWIM PROGRAM

Preferred Session: 1 2 3 4 (Circle)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Lot No. \_\_\_\_\_ Con. No. \_\_\_\_\_ Township: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year Age

POOL: Cardinal \_\_\_\_\_ Johnstown \_\_\_\_\_

**Available: 30 Spots per Pool—Per Session**

Level Requested: \_\_\_\_\_

Have you taken lessons with the Township before? Yes/No

If Yes please enter year and level taken: \_\_\_\_\_

Parents Name: \_\_\_\_\_  
(or Guardian)

Parents Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Contact: Mike Spencer (613)658-5488  
Email: mspencer@twpec.ca