Nassau County Dept. of Parks, Recreation & Museums Swim Lesson Lottery Application (fill out one per child/adult)										
Parent/Guard. Name		FIRST	D.O.B.:	/ / Sex: M F						
	LAST	FIRST		circle						
Child's Name		I	D.O.B.://	Age Sex: M F						
	LAST	FIRST								
Address		Town		Zip						
<i>Phone</i> # <u>(516)</u>	<i>Other</i> #		Leisu	re Pass#	-					
Class Level:_		(Pr	e-School levels are	for ages 3-5 only)						
1ST CHOICE	Class #:	Day of Class:	Time	of Class:						
2ND CHOICE	Class #:		Time	-						
3RD CHOICE	Class #:	Day of Class:	Time	of Class:						
ALL CHOICES ARE FINAL AFTER ENTERED INTO THE SYSTEM.										

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Address				_Zip						
<i>Phone</i> # <u>(516)</u>	<i>Other</i> #		Leisure Pass# _							
Class Level:_		(Pre-So	chool levels are for ages 3-	5 only)						
1ST CHOICE	Class #:	Day of Class:	Time of Class:							
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Al	LL CHOICES A	RE FINAL AFTER ENTI	ERED INTO TH	E SYSTEM.						