

Request from: Swimming arrangement children with an U-pas

Name child	
Date of Birth	
Address	
ZIP code & City	
E-mail address parent	
Telephone number parent	
Swimming pool of your preference (*t Kikkerfort, Safari of De Koet)	
Is this registration for the A- or B- diploma ¹ ?	

Please attach a **copy of your child's U-pas**

I have completed this form truthfully. I fully dedicate myself to make participation in this arrangement successfully for my child

Date:

Name parent:

Signature parent:

Return this form by e-mail to info@stichtsevecht.nl or by mail to:

Gemeente Stichtse Vecht
Postbus 1212
3600 BE Maarssen

¹ Registration for the B-diploma is not necessary if participated in the arrangement for the A-diploma