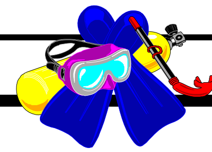
City of Shelton ~ Community Center ~ 41 Church St., Shelton, CT 06484

SCUBA INSTRUCTION



Instructor: **Michael J. Shukaitis – Work Tel. 924-3090**

CLASSROOM *Wed., 6 - 9 pm* **Dates**		**POOL** *Thurs., 6 - 9 pm* **Dates**	
1	07/23/08	2	07/24/08
3	07/30/08	4	08/01/08
5	08/06/08	6	08/07/08

FEES - Checks made payable to: **Orbit Marine**

Pool Members	$280.00
Shelton Resident	$290.00
Non-Resident	$300.00

Minimum Age = 10 yrs.
Over 40 yrs - Doctor's note required

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Wet Suit Sizing Requirement: (Circle whatever applies)

Adult *or* Child   Male *or* Female

Height: ____________   Weight: _____________

Name: _______________________________________   Date of Birth: ____/____/____

Proof of Age Required

Street Address: _______________________________

City: ______________________________, State: _____________, Zip: _______________

Phone #'s - Home: ___________________________   Work: ______________________

Cell: ___________________________

Register at @ Pool Office

Check # _________________   Amount: $_______________   Date: ____________
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