

The partnership between the Curl-Burke Swim Club and the Burke Racquet and Swim club began in 1985 and since that time has helped produce Olympians, past, present and future. Our program is designed to meet the needs of all swimmers, whether it be our lesson program or our competitive team. We offer group instruction as well as private lessons so that swimmers develop their skills by the most effective means possible.

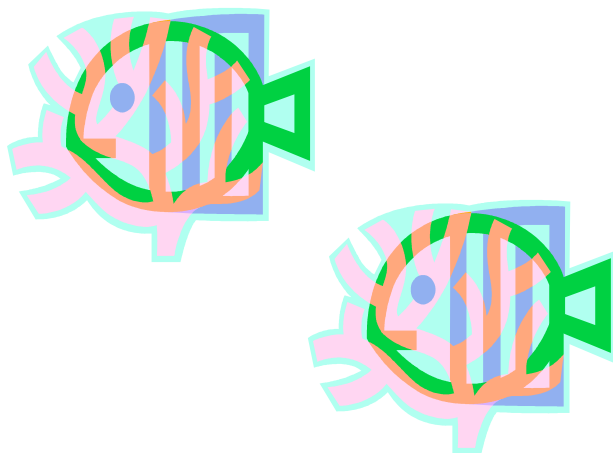
Swimming is a year-round activity that can be enjoyed throughout life and it is never too late to learn to be safe and to begin to enjoy the aquatic environment.

For more information please contact Kim Spina at **703-250-1299**



Curl Burke Aquatic Education Center
At the Burke Racquet and Swim Club
6001 Burke Commons Road
Burke, VA 22015

703-250-1299
703-250-8642 (fax)
www.burkeclub.com

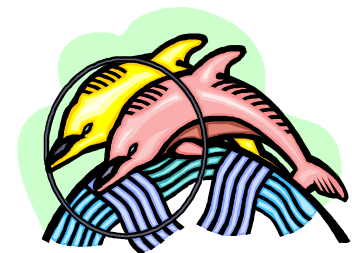


*Curl-Burke Swim
School*

*Spring Tune-Up
2012*

Telephone:
703-250-1299

www.burkeclub.com



Competitive Swimming Spring Tune-up

The Spring Tune-up is designed as an early preparation to Summer League swimming programs.

The ten(10) sessions will concentrate on the four competitive strokes and their respective starts and turns.

All swimmers should have a minimum of one (1) season of summer league experience and possess the necessary attention level to benefit from a 45 minute clinic. This is **not** a "learn to swim program".

Swimmers will be evaluated on the first day and will be placed in skill and age appropriate groups. Upon completion of the evaluation, it may be necessary to direct the swimmer to a more suitable BRSC program*.

Program Information

When: Sundays

Dates: March 4 to May 20, 2012

Time: 2:00 to 2:45 PM

Please omit 4/1 and 4/8 (Easter)

Cost:

\$160.00 for BRSC members

\$175.00 for Non-Members

Family discount: \$10/swimmer for each additional family swimmer

Registration can be completed at the facility or by phone. Payment should be made to **BRSC**. Due to limited space, **fees are non-refundable**.

Phone reservations are accepted with credit card payment only.

Registration Form

Name: _____

Age _____ DOB _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Summer Team: _____

Seasons of experience: _____

Health/Medical concerns: _____

Office use only **Code # 53**

Amount paid _____ Date
Paid _____