

Private/ Semi Private Swim Lesson Information Form

*Date: _____

*Contact Person: _____

*Private Lessons for 1. _____
(swimmer's name)

*Phone #: _____

2. _____

*Check One: Private OR

Semi Private

Arranged with: _____
(other child's name)

*Total Number of Lessons Required: _____ Date to start lessons: _____

*Instructor Requested? _____ Level or Skills working on? _____

*How many lessons per week would you like to do? _____

*Days/times you are available. Please indicate a time range on line provided all times may not be available depending on instructor schedules:

Monday Tuesday Wednesday Thursday Friday Saturday

Additional Information/Comments (Prefer as early in the day as possible, coordinating with another child/activity etc...):

Office Use Only:	
Entered in Computer: Yes No By:	Confirmed Lesson Schedule:
Payment Processed: Yes No By:	
Payment Type:	