

# Custom Private Lesson Request Form

Office Use only: Contacted Participant: Date: _____  First Lesson Scheduled for: Date: _____
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Date \_\_\_\_\_

Participant's Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Location (please circle one) RSC / ACAC / Either

Phone Number \_\_\_\_\_ Skill Level \_\_\_\_\_

Advised of lesson price? Y/N

please check one :

**Private Swim Lesson** \_\_\_\_\_

**Semi Private Swim Lesson** \_\_\_\_\_

**Private Aqua Aerobics** \_\_\_\_\_

Preferred time and day for lessons \_\_\_\_\_

Additional notes or comments

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\_\_\_\_\_

\_\_\_\_\_

**\*\*Please note your private lesson pass will expire three months from date of purchase.\*\***