



Private Swim Lesson Request Form

Name of Student (first, last) _____ Age of Student _____

Date of Registration _____

Parent Name (first, last) _____

E-mail _____

Phone _____ Best way to contact you Phone Email

Best Time to Reach You _____ Has student taken swim lessons at our facility before? Y N

Previous instructor? _____ Preferred Instructor* _____

**Cannot guarantee specific instructor*

Please select preferred day/time(s)

TUES	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P	<input type="checkbox"/> 11A-2P
<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P	<input type="checkbox"/> 2-5P
<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P	<input type="checkbox"/> 5-7P

Swimming Ability: Please describe students' swimming strengths and weaknesses. (For past swim lesson participants, include the level at which they were when they ended lessons)

Lesson Goals: Include any goals you wish to work toward. _____

Special Considerations: Is there anything about the student that would be important for the instructor to know?

FOR INTERNAL USE ONLY:

Give to Manager with a copy of receipt when someone signs up for scheduled Private Lessons.

How many private lessons signed up for: _____

Date given to Manager _____ Date given to Coordinator _____