

Private and Semi-Private Swim Lessons Request Form



Office Use Only
Employee _____
Date/Time _____
POS Location _____

PERSONAL INFORMATION (please print):

Name: _____ Email Address: _____

Address: _____ City: _____

State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Charter Member Member Non Member

Private or Semi Private? Private _____ Semi-Private _____

If Semi- Private, Please add additional names and Ages: _____

Age: _____ Birthdate: _____ Gender: _____

Parent or Guardian Name (if under 18): _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Swimmer: _____

Primary Phone: _____ Secondary Phone: _____

PRIVATE LESSONS INFORMATION:

Do you have a swim instructor preference?

Male Female No Preference Instructor name _____

What are the best days/times for you to come in for lessons? (circle all that apply)

SU	M	TU	W	TH	F	SA
Early morning	Mid-Morning	Midday	Early afternoon	Evening	Late evening	
5-8am	8-11am	11am-2pm	2-5pm	5-7pm	7-10:30pm	

Please describe the current skill level of the swimmer and any specific goals for the lessons:
