



UNSCHEDULED PRIVATE LESSON FORM

Name of Student (first, last) _____

Age of Student _____ Date of Registration _____

Number of Lessons _____ Preferred Time of Lessons _____

Parent Name (first, last) _____

Cell Phone # _____ Home Phone # _____ Work Phone # _____

E-mail _____ Best Time to Reach You _____

Has student taken swim lessons at our facility before? Y N Previous instructor? _____

Please list any previous swim experience student has, other lessons student has taken or strokes student may already know:

Special Requests (specific instructor request*, instructor gender preference, etc.) _____

Specific skills or concepts you would like instructor to cover during lessons _____

Cannot guarantee specific instructor requested but will do best possible for match

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 _____