Private Swim Lesson Form

Date:_____

MEMBER NAME:_____ MEMBER I.D.#_____

STUDENT(S):

_____AGE:_____

PHONE #:_____EMAIL:_____

BEST TIME OF DAY TO CONTACT: _____

PREFERRED METHOD OF CONTACT: EMAIL or PHONE

Brief Description of Skills:_____

_____

_____

_____

Preferred Day and Time for Lessons:_____

FOR OFFICE USE ONLY:
FOLLOW UP

INSTRUCTOR:_____CONTACT DATE:_____

LESSON SCHEDULED: Y/N

DATE/TIME OF SCHEDULED LESSSON:_____

DATE:	**Comments**