



Private Swim Lesson Request Form

Date: _____

Member Name: _____ ID: _____

Phone #: _____ Email: _____

Students (Name, age): _____

Best time and method of being contacted by an instructor: _____

Skills/ Level:

(Instructors have very limited availability from 5-7pm Weeknights as they are teaching group lessons at this time)

Preferred day and time for lessons (provide as many possible times):

_____ If I cancel with the instructor or any UNC employee within 24 hrs. of the lesson there will be a charge for the full amount of the lesson placed onto my account. I hereby understand and agree to the 24 hrs. UNC Wellness Centers cancelation policy.

Instructor Use:
Date Contacted:
Notes: