

## PRIVATE SWIM LESSON REQUEST FORM

DATE OF REQUEST: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

PREFERRED DAYS OF WEEK: \_\_\_\_\_

PREFERRED TIME OF DAY: \_\_\_\_\_

LEVEL/SKILLS ACOMPLISHED: \_\_\_\_\_

\_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

(if applicable)

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STAFF INITIAL: \_\_\_\_\_

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