

Private Lesson Request Form

For Office Staff Only
Date Completed: _____
Supervisor's Initials: _____

Date _____
Participant's Name _____
Parent/Guardian Name _____
Email Address _____
Age _____ Male/Female _____
Phone # _____ Skill Level _____

(Cancelations must be made 24 hours in advance. We reserve the right to charge a \$5.00 fee for all no-shows.)

Type of Lesson (please circle one)

Private Swim Lesson Semi Private Swim Lesson

Preferred days for lesson (please circle all available): Mon Tue Wed Thur Fri Sat/Sun
Preferred times for lesson: 8:00am -12:00pm 12:00pm-4:00pm 4:00pm -8:00pm

(For request made more than four weeks in advance you may not be contacted until approximately two weeks prior to your desired start date. We will do our best to accommodate your specific time request)

Additional notes or comments:

****Please turn in this request form to the front desk at the Renaud Spirit Center or fax it to 636-474-8190****

Staff Checklist

For Specialist Only
Date Completed: _____
Request Form Entered: _____
Specialist's Initials: _____

Instructor Name: _____

Date Received Request Form: _____

Date(s) Called Parent: _____

Lesson Dates: _____

Date Returned to Specialist: _____

Signature: _____

