



Private Swim Lesson Request Form

Registration date ____/____/20____

Parent/Guardian name _____ Phone # 1 ____ - ____ - ____

Address: _____ Phone # 2 ____ - ____ - ____

Email: _____

Participant's Name _____ Birthdate ____/____/____

Swim Level / Beginner _____ Intermediate _____ Advanced _____

Please list Day of Week & Time preference below: We will make every effort to accommodate your preference; however private lessons are subject to instructor availability and available pool time.

	<u>Day of the Week</u>	<u>Time</u>
Preference #1	_____	____:____ am/pm
Preference #2	_____	____:____ am/pm
Preference #3	_____	____:____ am/pm

I _____ have read and understand the policies as they relate to Cool Springs Fitness Private Swim Lesson procedures, payments, scheduling and cancellations.

Signature _____ Date _____

OFFICE USE ONLY

Package of (3) lessons \$60 member/\$90 non-member (Please circle one)

Date Paid _____ Employee Initials _____

Buy (5) lessons get one FREE \$100 member/\$150 Non-member (please circle one)

Date Paid _____ Employee Initials _____

Month to Month and Quarterly memberships are priced at the non-member rate

Children of Yearly members qualify for member rate / Grandchildren are priced at the non-member rate