

UREC

Private Lesson Questionnaire

Name of participant

Age

Name of Parent (If Applicable)

Phone Number

Email

Participant Information

Beginner

Intermediate

Advanced

Swim Team

Preferred time/days of lessons (keeping in mind if this is for a child it must fall within family hours)

Please describe ability level and comfort in water. _____

What are you trying to accomplish with Private Lessons? _____

Please check one:

___ 5 lesson package ___ 10 lesson package

Admin Use Only:

Amount Paid: _____ Number of lessons bought: _____

Name of seller: _____

Please put completed form in Matt Lovesky's In-Box.