

Date received: \_\_\_\_\_



CHECK IF REPEATING PRIVATE

Swim Instructor: \_\_\_\_\_

# Summer Private Lesson Request Form

Main Adult Contact: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work/cell) \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M / F

## LESSON SCHEDULE REQUEST

Newark Resident Fee: \$36.00 per 1/2 hour OR \$144 for 5 classes

Non-Newark Resident Fee: \$38.00 per 1/2 hour OR \$151.00 for 5 classes.

### WEEKDAYS

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

9:00am

9:30am

12:00pm

12:30pm

3:30pm

4:00pm

4:30pm

5:00pm

5:30pm

8:00pm

### WEEKENDS

SATURDAY

9:00am

12noon

12:30pm

TOTAL # LESSONS:

1

5

10

# LESSONS PER WEEK: \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_

INSTRUCTOR REQUESTS: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

ALL CONFIRMATION PHONE CALLS WILL BEGIN **JUNE 15, 2008**

PRIVATE LESSONS SCHEDULE IS **JUNE 30-AUGUST 28, 2008**

FAX: (510) 578-4622

### FOR OFFICE USE ONLY

Registration/Confirmation Complete: \_\_\_\_\_ Instructor: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_