

Private Swim Lesson Questionnaire

Revised 5.19.17tm



All information on this form is required. Note: Private Swim Lessons are 40 minutes long.

Date: _____ Name of Staff taking information: _____

Contact Name: _____ Phone Number: _____

Person Swim Lesson is for: _____

Age: _____

Address: _____

City, State, Zip: _____

Email: _____

Reason for wanting Private Swim lessons (skill level, fears, advanced skills needed, etc.):

Month wanting lesson: June July August

Any dates that definitely do not work during the month:

Day of the week that works best for participant (circle all that apply):

Monday Tuesday Wednesday Thursday Saturday

Times of day that work best for participant (circle all that apply):

*Times during regular scheduled swim lessons (9am, 9:50am, 10:30am, 6pm, and 6:50pm) will only be available if there is an instructor available. These times are NOT guaranteed.

9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm

Total Number of Lessons Requested: _____ Total Price for all lessons: _____
1 Person: \$20 Member/\$40 Non-Member per Person/Class 2 Person: \$15 Member/\$30 Non-Member per Person/Class

Preferred Instructor: No Yes, Instructor name: _____
If no, what qualities are you looking for in an instructor?

Date when instructor needs to get back to participant: _____

Office use only

Send to: tinatreut@gmail.com

Participant Registered in DAXKO with payment:

Date: _____ Time: _____ Staff Initials: _____

Paid: Yes No Amount: _____

Swim Lesson Scheduled in Pool Calendar (bastropymcapool@gmail.com):

Date: _____ Time: _____ Staff Initials: _____

*****Do not release personal information to the public. This information will be given by that person only, unless otherwise stated by that person.***