

Received by:

Credit card

Cash Check # _____

Total amt. pd _____

Private Swim Lessons at Lied Activity Center

\$125 for members/\$150 for non-members (see notes)



Session	Date	Time	Instructor Initials
1			
2			
3			
4			
5			
6			
7			
Level Completed:			

Student Name: _____

Student Age: _____

Parent/Guardian/Emergency Contact: _____

Address: _____

Zip Code _____

Phone: _____

Please indicate swimming ability/level: _____

Please indicate days/times that you are available (Please be as open as possible):

**** No refunds after 2 lessons**

**** Price includes one makeup session. Additional makeup sessions are \$10.00 each**

**** If lesson is during open swim time, all additional family members must purchase a swim pass**

Signature: _____ Date: _____