PRIVATE/SEMI-PRIVATE SWIM LESSON REQUEST FORM

CAMPANELLI BRANCH

Participant(s)			
•			
arent/Guardian :			
Full Address :			
E-Mail :		Phone :	
Date Of Birth	D D M M Y Y	f Participant)	
Emergency $_{:}$			
Contact	Phone:		
Sw	im Goals and Physical Res	trictions and Med	dical Issues
J.,	Coals and Ingeloar Nes	and med	
		_	
	mes Available: Days:		imes:
	least 3 available tions		
Torm 9 Co	anditions . Daymont Dr	ocodure and A	rooment Guidelines
	onditions: Payment Pr MUST be paid in full prior to a		greement duidennes
	t MUST show instructor a copy	of their paid receipt p	orior to beginning of any
• It is REQU	IRED that all participants noti	fy their instructor 24	4 HOURS IN ADVANCE to
	e a lesson, or the participant v	•	
•	icipant arrives for an appointmo packages are non-transferable	•	
	ges expire within 1 YEAR of pu		pprovarior a credit or retuind
	may not be available immediate	•	· · · · · · · · · · · · · · · · · · ·
	to secure an instructor. You will and Aquatics Director to set up		ail/phone with your assigned
	days requested for pool space m		ilable.
Must be the	ne ages of 3 years old or older.		
	. .		
	Signature		Date:

Package of 5 Lessons **Private:**

Member: \$190

Semi-Private:

Member: \$135

Non-Member: \$215 Non-Member: \$160

(per participant)

Package of 7 Lessons

Private:

Semi-Private:

Member: \$240

Member: \$175

Non-Member: \$265 Non-Member: \$200

(per participant)

Assigned Instructor:	Sign	In	Por	tio	n
			. •		

Date	Signature
1	
3	
3	
4	
5	
6	
7	

Aquatics Director: Barbra (Bobbi) Smigla

Email: barbras@gcfymca.org

Phone: 847-891-9622

Campanelli Ext. 121

Taylor Ext. 224