PRIVATE/SEMI-PRIVATE SWIM LESSON REQUEST FORM

TAYLOR BRANCH

Participant(s) [:]			
Parent/Guardian [:]			
Full Address [:]			
E-Mail		Phone [:]	
Date Of Birth [:]	D D M M Y Y	articipant)	
Emergency .			
Contact	Dhana '		
	Phone [:]		
Swii	m Goals and Physical Restri	ictions and Medical Issues	
Dave and Tin	nes Available: Days:	Times:	
	least 3 available		
	ions		
Term & Cor	nditions : Payment Prod	edure and Agreement Guidelines	
 Packages M 	MUST be paid in full prior to all lo	essons.	
 Participant lessons 	MUST show instructor a copy of	their paid receipt prior to beginning of any	
	RED that all participants notify	their instructor 24 HOURS IN ADVANCE to	
 reschedule a lesson, or the participant will be charged the full cost of the lesson If the participant arrives for an appointment late, the lesson will end at the scheduled time. 			
	• • • •	d need Director's approval for a credit or refund	
	es expire within 1 YEAR of purch		
	• • •	when requested. Please allow up to 5-10 days	
	lead time to secure an instructor. You will be connected via email/phone with your assigned instructor and Aquatics Director to set up first swim lesson.		
	ays requested for pool space may	not always be available.	
• Must be the	e ages of 3 years old or older.		
	Ci an a bruna		
	Signature	Date:	

Package of 5 Lessons Private:Private:Semi-Private:Member: \$140Member: \$80Non-Member: \$165Non-Member: \$115 (per participant)	(per participant)		
Sign In Portion			
Date	Signature		
1			
2			
3			
4			
5			
6			
7			

Aquatics Director: Phone: 847-888-7410 Barbra (Bobbi) Smigla Taylor Ext. 224 Email: barbras@gcfymca.org Campanelli Ext. 121