

## Private & Semi-Private Swim Lessons Request Form

Contact Name:	Date Submitted:
Email:	Phone:
Student's Name:	Age:
Student's Name:	Age:
Previous Swim Experience (If any):	
Preference of Instructor:	
<b>Availability</b> (Please list days/times that work best wi	ith your schedule):
1:2:	3:
Please select your preference: Six 30-Minute Priv	vate Lessons: \$140 –or– Six 30-Minute Semi-Private Lessons: \$175
<b>Cancellation Policy:</b> Scheduled lessons must be canceled, will not be made-up or refun	eled up to 2 hours in advance, if you are unable to attend. Lessons that are not ded.
For questions or to submit this form, please email Joe	e Duffy, Aquatics Supervisor at <u>jduffy@mundeleinparks</u>
I confirm that I have read, the Private &Semi-Private Swim Lesson	s Request form and that I understand the Cancellation Policy.
Signature of Applicant:	Date:
	FOR OFFICE USE ONLY
Assigned to:	
Dates and Times:	
Payment Date: Proce	ess By:
Add all dates to W2W & assign instructor Bo	ook time slots *COVID* Process payment on 1st day Attach receipt