Booked	on:	

Date:

PRIVATE SWIM LESSONS

Wheaton Sport Center

Participant:							Memb	er	Guest					
	(Name)				(Age)		Memb	er	Guest					
	(Name)				(Age)									
Parent's Nam	ne:													
Phone:					Email:_									
One on One Package of:				Sem	i Private	Name Other	of other parti participant m	cipant ust fill	: out separd	ite sheet				
					-		e/Goals							
					Days an	d Time	es Availabl	e:						
_Monday _	Tuesday	у`	Wednes	day	_Thurso	day	Friday	_Sa	aturday	_Su	nday			
Mornings (8am-12	pm)	Mid	-Day (1	2pm-4pn	n)	Afterno	on (4	-6pm)	Ev	enings	(after (брт)	
Snecific Requi	rement	s.												