



PRIVATE LESSON REQUEST FORM

Date _____

Parent's Name _____

Child's Name _____ Age _____

Address _____ City _____ Zip _____

Phone (____) _____ Alt Phone (____) _____

Best way to contact you: Phone _____ Alt Phone _____

Best time to contact you: Morning _____ Afternoon _____ Evening _____

Availability: What day and time would you prefer to have your session scheduled?

Private Lessons are not available between 9-12 Saturdays

Private Lessons are not available M-F 4-7

*1st Choice: Day: _____ Times: _____

*2nd Choice: Day: _____ Times: _____

When would you like to start? _____

***Subject to teacher and pool availability.**

Would you like to request a specific trainer? (If so, who?) _____

If that trainer is not available, would you work with another? Y N

Do you prefer a: Male Trainer _____ Female Trainer _____ No Preference _____

General Comments on the client's swimming abilities, reason for choosing an aquatic trainer, limitations if any and goals you would like to accomplish with your trainer?

Please understand that it may take 3 months or longer for an instructor to contact you. We cannot guarantee that a teacher will be available for the days/times you have chosen.

www.dupageswimmingcenter.com • 630-692-1500

520 N. Oakhurst Dr. • Aurora, IL 60504