



Private and Semi-Private Lessons

**Please fill out all highlighted sections*

REQUESTED START DATE: [REDACTED]

NAME: [REDACTED]

AGE: [REDACTED]

PARENTS NAME: [REDACTED]

(if signing up a child)

PHONE: H: [REDACTED]

OF LESSONS PER WEEK:

C: [REDACTED]

TOTAL # OF LESSONS:

INSTRUCTOR PREFERENCE: [REDACTED]

GOALS: [REDACTED]

ANY NOTES: [REDACTED]

Please indicate days and times you are interested in training with an (X).

	MON	TUES	WED	THURS	FRI	SAT	SUN
6:00 AM							
6:30							
7							
7:30							
8							
8:30							
9							
9:30							
10							
10:30							
11							
11:30							
12:00 PM							
12:30							
1							
1:30							
2							
2:30							
3							
3:30							
4							
4:30							
5							
5:30							
6							
6:30							
7							
7:30							

*Submittal of this interest form does not guarantee private or semi-private lessons.

*You will be called when we find an instructor that matches your requests and availability.