



LESSON REQUEST FORM

TODAY'S DATE: ____/____/____

NAME: _____ MEMBER: YES/NO (Please circle one.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ (H) _____ (W) _____ (C)

EMAIL ADDRESS: _____

ADULT / JUNIOR (17 AND UNDER)

Please circle

LESSON TYPE

Please circle

Private / Semi-Private

Group of 3 / Group of 4

SKILL LEVEL

Please circle

Beginner

Intermediate

Advanced

HOW DID YOU HEAR ABOUT OUR PROGRAM /SERVICE: _____

WHICH DAY/DAYS OF THE WEEK ARE GOOD FOR YOU? (Please circle one)

MONDAY: AM / PM / AFT

TUESDAY: AM / PM / AFT

WEDNESDAY: AM / PM / AFT

THURSDAY: AM / PM / AFT

FRIDAY: AM / PM / AFT

SATURDAY: AM / PM / AFT

SUNDAY: AM / PM / AFT

FOR OFFICIAL USE ONLY

REQUEST TAKEN BY: _____ REQUEST DATE: ____/____/____

REQUEST GIVEN TO: _____

LESSON SCHEDULED BY: _____