

★ ALL STAR ★

Private Swim Lesson Request

Swimmers Profile



Name: _____ Age: _____

Address: _____



City: _____ Zip _____ R/N

Contact Name: _____



Phone: _____

Level of ability: (circle one)

Non-swimmer Intermediate Beginner Advanced Competitive



We will attempt to assign an instructor that will meet your needs.
Briefly explain what your goals are specific to swimming.



Times student is available _____



Days student is available: M T W TH F SAT SUN

Please return to Kathy Burt.

Thank You,

Kathy Burt, Swim Lesson Coordinator

330-971-8398

Completed on _____ Receipt _____

