

**REQUEST FOR AN INSTRUCTOR
PRIVATE/SEMI-PRIVATE
SWIM LESSONS**

Please fill in the following information and submit this form to the **Pool Office/Membership Office**. The Aquatic Supervisor will contact you for further information and if an instructor is available. Please be patient as the Columbus Centre Instructors teach these private lessons on their own time outside of their regular working hours.

NAME: _____ MEMBERSHIP # _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ CONTACT # _____

PARTICIPANT'S NAME(S): _____

SWIMMING LEVEL (Last Badge earned if any): _____

GOOD DAY FOR LESSON: _____

GOOD TIME FOR LESSON: _____

STARTING DATE: _____

MALE OR FEMALE INSTRUCTOR: _____

Please be aware that a notice of 24 hrs **must** be given when canceling a lesson or a regular charge will apply (no exceptions).

Signed: _____

Date: _____

Assigned Instructor: _____
(To be completed by Aquatic Supervisor)