



Private/Semi Private Lesson Request Form

1st Swimmer Name: _____ Age: _____

1st Parent/Guardian Name: _____

Best Number to Reach You: _____

Email Address: _____

Swimming Ability: _____

2nd Swimmer Name: _____ Age: _____

2nd Parent/Guardian Name: _____

Best Number to Reach You: _____

Email Address: _____

Swimming Ability: _____

Type of Lesson: Private _____ Semi-Private: _____ / Number of Lessons: 4 _____ 8 _____ 16 _____

Member: _____ Non-Member: _____ / Would you be interested in Membership Info? _____

Desired Times: (Please provide all availability)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Office use only:

Called by: _____ Date/Time: _____ Result: _____

Called by: _____ Date/Time: _____ Result: _____

Called by: _____ Date/Time: _____ Result: _____

Lesson booked with: _____ Starting Date: _____ Date/Time: _____

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