

**Michael Phelps Swim School
Summer 2010
Private Lesson Request Form**

Swimmers Name _____ Age _____

Parent(s) Name _____ Home Phone _____

Billing Address _____ Work Phone _____

City _____ State _____ Zip _____

Email _____

MC/Visa/AMEX/DISC _____ Exp. _____ 3 digit Code _____

Payment will be paid before the lesson begins. If you need to cancel a scheduled lesson this must be done at least 6 hours in advance of the lesson or you will be charged 50% of the lesson.

Private lesson \$37 / half hour lesson Semi Private \$27 per person / half hour lesson

Please indicate days and approximate times you would like to schedule lessons

Date received: _____

LESSON	DAY AND DATE	TIME	INSTRUCTOR	Amount and Method of payment

Office use only

Date	Contact Made	Outcome