



# Private Lesson Request Form

ALEXANDRIA YMCA - "Your Good Neighbor"

420 E Monroe Ave 703-838-8085 703-519-2194 (fax)

[ejones@ymcadc.org](mailto:ejones@ymcadc.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home # \_\_\_\_\_

Mobile # \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail \_\_\_\_\_

Student's Name (if different) \_\_\_\_\_

Adult	<input type="text"/>	Youth	<input type="text"/>	Child	<input type="text"/>	Infant/Toddler	<input type="text"/>
	(6-16)		(3-5)		(6 mos-35 mos - H2O Adjustment)		
	(specify age)		(specify age)		(specify age)		

Goal/Objective \_\_\_\_\_

Peak Months: April through June

### Weekends

Sundays	10:30 - 12 Noon	<input type="text"/>	12 Noon - 4 pm	<input type="text"/>
Saturdays	12:30p - 4 p	<input type="text"/>		

### Weekdays

	Mornings	Afternoons	Evenings
Mondays	9:30-11:30 <input type="text"/>	1-3 p <input type="text"/>	5-8p <input type="text"/>
Tuesdays	9:30-11:30 <input type="text"/>	1-4p <input type="text"/>	5:30-8p <input type="text"/>
Wednesday	9:30-11:30 <input type="text"/>	1-4p <input type="text"/>	5:30-8p <input type="text"/>
Thursday	9:30-11:30 <input type="text"/>	1-4p <input type="text"/>	5:30-8p <input type="text"/>
Friday	9:30-11:30 <input type="text"/>	1-3p <input type="text"/>	5-6p <input type="text"/>

Top 3 Choices \_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3)

Specify if there are particular days, times or instructors \_\_\_\_\_

Would you prefer a male or female? \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

Date(s) Contacted/Result \_\_\_\_\_

Instructor Assigned \_\_\_\_\_

- A. Fill out request & have it placed in the Aquatic Director's box
- B. You will be contacted within 3-5 business days