

WORKS PRIVATE SWIM LESSONS

Please note, requests can take up to 4 weeks to set up.

23 Works Way Somersworth, NH 03878 603-742-2163 x727

Sandra.Comeau@wdhospital.com www.theworkshealthclub.com

Request Date:	
Requested by:	
Instructor Requested:	
Employee taking request: _	

	Program Registration	า	
□ Member □ Non-Member		□ New Private or □ Returning Private	
Swim Participant Name	Ag	ee e	
Parent/Guardian Name	Ce	Email	
Please use the back to describe curren	t swim ability and note any specific need	ds that we need to be aware of for this participar	nt.
Days, Times an	nd Instructor Requests <i>(Please lis</i> 2nd Choice	st in order of preference) 3rd Choice	
Day	and Time	of lesson.	
Instructor requests: (Please list up to 3) Date of First Lesson:			
35-MINUTE PRIVATE LESSONS Member \$25 *Non-Member \$35 (*PLEASE COMPLETE NON-MEMBER FORM)	6/35-MINUTE PRIVATE LESSOI Member \$138 *Non-Member \$192 (*PLEASE COMPLETE NON-MEMBER FOR	□ Member \$205.08	
	Private Swim Lesson Agree	ement	
TOTAL DUE:			

TOTAL DOL:

- ✓ LESSONS MUST BE COMPLETED WITHIN 3 MONTHS.
- ✔All participants will agree upon scheduling and cancellation.
- ✓If a private lesson student is unable to attend their lesson, they must call to cancel at least 24 hours in advance as a courtesy to our instructor. If you do not call and cancel at least 24 hours in advance, we must deduct the lesson from your contract to compensate the instructor.

SIGNATURE: DATE: