



Private/Semi-Private Lesson Request Form

Sept 1, 2024 – Aug 31, 2025

Today's Date: _____

Name(s): _____ Age: _____

_____ Age: _____

Contact Person for Minor: _____ Phone #: _____

Preferred Days and Time: _____

Preferred Start Date: _____

Level/Skills to be Taught: _____

Monday Tuesday Wednesday Thursday Friday		9:00am – 9:30am		9:30am – 10:00am
		10:00am – 10:30am		10:30am – 11:00am
		11:00am – 11:30am		11:30am – 12:00pm
		3:00pm – 3:30pm		3:30pm – 4:00pm
		4:00pm – 4:30pm		4:30pm – 5:00pm
		5:00pm – 5:30pm		
Saturday		10:00am – 10:30am		10:30am – 11:00am
		11:00am – 11:30am		11:30am – 12:00pm
Sunday		10:30am – 11:00am		11:00am – 11:30am
		11:30am – 12:00pm		

PRIVATE SWIM LESSON – 30 min lessons	SEMI-PRIVATE SWIM LESSON – 30 min lessons
Number of lessons requested: _____ <input type="checkbox"/> Resident rate: \$28.25 per lesson <input type="checkbox"/> Non-Resident: \$35.30 per lesson *applicable tax will be added to adult private lessons.	Number of lessons requested: _____ <input type="checkbox"/> Resident rate: \$20.35 per person per lesson <input type="checkbox"/> Non-Resident: \$25.45 per person per lesson *applicable tax will be added to adult private lessons.

Payment is due at the time of confirmation. Withdraw 5 days prior to the start of a program for a full refund. A \$10 service fee applies when less than 5 days' notice is provided. No refunds will be issued after the 2 nd lesson. Missed lessons will not be rescheduled.	Staff Initial

Personal information contained on this form is required for the operation of the Program and is collected under Section 26 (c) of the Freedom of Information and Protection of Privacy Act. The information is kept confidential. For questions regarding the collection of personal information, please contact Kari Bolton, Director of Corporate and Financial Services 410 Kinchant Street, Quesnel, BC V2J 7J5, 250.991.7458, kbolton@quesnel.ca

Name(s): _____

Contact Person for Minor: _____ Phone: _____

OFFICE USE ONLY

Days: _____ Dates: _____

Times: _____ Instructor: _____

of Lessons: _____ # of Participants: _____ Length of lessons: _____

Called to confirm (date and initial): _____

Aquatic Programmer has approved request: _____ Course #: _____

Total cost: _____ Paid (date, initial and attach receipt): _____

Notes:

Staple Receipt Here

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