

Leventhal-Sidman JCC Private Swim Lesson Request Form

Member Nonmember Employee
 Private Semi-private

Student Name (1) _____ Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Student Name (2) _____ Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Student Name (3) _____ Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Date You Would Like to Start _____

	Requested Day	Requested Time	Requested Instructor
1st Choice			
2nd Choice			
3rd Choice			

Level of Swimmer _____

Special Requests _____

Number of Lessons Purchased: 5 10 15

OFFICE USE ONLY:

Day and Time of Class: _____ Date of First Lesson: _____

Date Confirmed with Client: _____ Staff Initials: _____

Instructor Booked: _____

Aquatics Department Phone Number: 617-558-6468 • **Email:** knauss@jccgb.org

**Jewish Community Centers
of Greater Boston**

