

River Trails Park District
847-255-1200

Private Swim Lesson Request Sheet

Parent name: _____

Preferred method to contact you:

Phone number: _____ Cell: _____ e-mail: _____

Good time to reach you: _____

Name and age of participant: _____

Date requested: _____

(Between June 13- August 12)

Day requested for private lessons:

1st choice _____

2nd choice _____

3rd choice _____

Time requested for private lessons:

1st choice _____

2nd choice _____

3rd choice _____

Level of swimmer:

(please circle)

Beginner Level 1 Level 2 Level 3 Level 4

Our swim lesson coordinator will contact you to schedule your lesson/s after June 1st.

Thank you for participating in this program as we want to accommodate your schedule as best as possible!

If you have any questions, please call GERALYN at 847-255-1200.

