



River Trails Park District
847-255-1200

Private Swim Lesson Request Sheet

Parent/ Guardian Name: _____

Phone number: _____

E-mail Address: _____

Name of Participant: _____

Age of Participant: _____

Requested Start Date: _____

Requested Instructor (If any): _____

What day(s) and time(s) would you like lessons?
(Check all that apply and please indicate first/second/third choice)

Monday	<input type="checkbox"/>	Time: _____
Tuesday	<input type="checkbox"/>	Time: _____
Wednesday	<input type="checkbox"/>	Time: _____
Thursday	<input type="checkbox"/>	Time: _____
Friday	<input type="checkbox"/>	Time: _____

Level of Swimmer:

Beginner

Intermediate

Advanced

You will be contacted by a swim lesson coordinator to schedule your lesson(s) after June 7, 2019.

We will do our best to accommodate your schedule. Thank you for participating in this program!

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