

**CEDARBURG COMMUNITY POOL**  
**Private Swim Lesson Request**

<b>OFFICE USE ONLY</b> Request # _____ (order in which request was received) Initials: _____
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Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent (Contact Name): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ RES: \_\_\_\_\_ NR: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Swimming Level: \_\_\_\_\_  
(If unsure, leave blank)

**Week Requested:**

June 17  
June 24  
July 8  
July 15  
July 22  
July 29  
August 5

**Time Ranges Requested:**

Morning Times  
8:30 – 9:00  
9:00 – 9:30  
10:00 – 10:30  
10:30 – 11:00  
11:00 – 11:30  
Evening Times:  
4:45 – 5:15  
5:15 – 5:45  
5:45 – 6:15

**Sessions:** Three (3), one half hour classes

**Session Fees:** Resident: \$70 / Non-Resident (Town Included): \$140

**\*FEES ARE TO BE PAID AFTER SCHEDULING ARRANGEMENTS ARE MADE WITH A MANAGER.  
YOU WILL BE CONTACTED BY A MANAGER IF YOUR REQUEST CAN BE ACCOMMODATED.**

**NOTE:** Staff tries to fill one request for every participant before scheduling a second session of private lesson.

Comments: \_\_\_\_\_

For Office Use: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ Total: \_\_\_\_\_ Initials \_\_\_\_\_