

PRIVATE LESSON REGISTRATION



Date of request

Parent's Last Name

Parent's First Name

Participants Last Name

Participants First Name

Gender

Female

Male

Membership purchased

Membership Purchase Date

Address

Email

City

Prov

Postal Code

Day of Week preferred

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Time of Day
preferred

Morning

Afternoon

Evening

Coach requested

Other Important
information or
comments

OFFICE USE ONLY:

Notes

Approved

Approved by

Coach confirmed

Client Invoiced

Payment Made