REQUEST FOR PRIVATE SWIM LESSONS

Adult's Name_____

Address_____

Child(ren) Name and Age _____

_____

Level ◯ Beginner ◯ Intermediate ◯ Stroke Instruction

Availability ☐ Morning ☐ Afternoon ☐ Evening

Requested day(s) of the week: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

2 hour session options: ☐ 4-30 minutes ☐ 3-40 minutes ☐ 2-1 hour

Daytime Phone number_____

Evening Phone number_____

Email address_____

Please complete form and email to tracey.loe@opkansas.org or mail to Matt Ross Community Center, 8101 Marty Street, Overland Park, KS 66204.

Please allow 24-48 hours for swimming lesson program manager to contact you about private or semi-private lessons.