



Private Swim Lessons

Parent/Guardian _____

Home Phone _____

Address _____

Work Phone _____

City/State/Zip Code _____

Participant's Name	Age	Estimated Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dates and Times that will work best

_____	_____	_____
_____	_____	_____
_____	_____	_____

REFUND POLICY: Refunds will be considered on an individual basis. All refunds will be pro-rated. Requests for refunds should be taken first to the swim director and then to our office (816.350.2628). All requests for refunds must be in our office within one week after lessons were scheduled to begin, or prior to closing day for all August swim lessons.

FOR OFFICE USE TS/OFFICE (Circle One)

Cash/Check (Circle One) Check # _____ Amt. Pd. _____

Mastercard/Visa (Circle One) Card # _____ Amt. Pd. _____

Date _____ Payment Accepted By: _____