

Pullman Aquatic and Fitness Center

500 NW Larry, Pullman, WA 99163
 Phone: 509-338-3290 Fax: 509-334-6696
 Email: Aquatic@pullman-wa.gov Web: www.PullmanParksandRec.com

A La Carte Swim Lesson Form Fall 2018 August 27 – December 31

Date of Application: _____

Parent/Contact Name _____

Phone 1: _____ Email: _____

Student Name: _____ Date of Birth: __/__/__ Age: _____

Student Name: _____ Date of Birth: __/__/__ Age: _____

Student Name: _____ Date of Birth: __/__/__ Age: _____

- Private: 1 person, \$30/30 min Semi-private: 2 people, \$18 each person/30 min
 Friends & Family: 3-6 people, \$15 each person/30 min

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lap Pool*						
<input type="checkbox"/> 8:00-10:00am	<input type="checkbox"/> 8:00am-noon	<input type="checkbox"/> 8:00-10:00am	<input type="checkbox"/> 8:00am-noon	<input type="checkbox"/> 8:00-10:00am	<input type="checkbox"/> 2:00pm-6:00pm	<input type="checkbox"/> 2:00pm-6:00pm
<input type="checkbox"/> 7:00pm-9:00pm	<input type="checkbox"/> 7:00pm-9:00pm	<input type="checkbox"/> 7:00pm-9:00pm	<input type="checkbox"/> 7:00pm-9:00pm	<input type="checkbox"/> 7:00pm-9:00pm		
Warm Pool*						
<input type="checkbox"/> 8:00-10:00am	<input type="checkbox"/> 8:00am-noon	<input type="checkbox"/> 8:00-10:00am	<input type="checkbox"/> 8:00am-noon	<input type="checkbox"/> 8:00-10:00am	<input type="checkbox"/> 2:00pm-6:00pm	<input type="checkbox"/> 2:00pm-6:00pm
<input type="checkbox"/> 1:00-4:00pm	<input type="checkbox"/> 1:00-4:00pm	<input type="checkbox"/> 1:00-4:00pm	<input type="checkbox"/> 1:00-4:00pm	<input type="checkbox"/> 1:00-9:00pm		
<input type="checkbox"/> 7:00pm-9:00pm	<input type="checkbox"/> 7:00pm-9:00pm	<input type="checkbox"/> 7:00pm-9:00pm	<input type="checkbox"/> 7:00pm-9:00pm			

***These are available pool space hours and do not guarantee an instructor.**

Please answer the following:

1. How long? 30 minutes 45 minutes 1 hour 2. How many lessons? (2 hrs minimum) _____
3. What dates? _____
4. Have you arranged for a specific instructor? If yes, who? _____
5. What are you hoping to achieve from these lessons? _____

6. Please share any information about the student(s) that would help your instructor. _____

For office use only:	Date Received: _____
Entered Rec1: _____	Instructor: _____ Receipt #: _____