Mount Pleasant Recreation Department

Please submit this form to:
R.L. Jones Center front desk / Aaron Parry aparry@tompsc.com or
Park West Pool front desk / Victoria Klein vklein@tompsc.com

Private/Semi-Private Swim Lesson Inquiry Sheet

Today's date: _____
Name of swimmer(s) taking the lesson: _____
Age of swimmer(s): _____
Any medical issues we should be aware of? _____

Contact Information:
Parent/Guardian's first and last name: _____
Phone # (cell): _____
(home): _____
Email: _____

Days/Times/Dates You Are Available for Lessons:
1st choice day/date/time: _____
2nd choice day/date/time: _____

Circle the following choices:

Type:	Private	Semi-Private
Pool:	R.L. Jones Center	Park West

Do you have a preference for the type of instructor? (circle preferences)

Male	Authoritative	Flexible
Female	Easy-going	Structured

Is there a specific instructor that you would like to request?
If so, please list that instructor's name (not all requests can be granted)
_____

For any other questions or concerns, please contact
Aquatics Coordinator, Molly Hubbard mhubbard@tompsc.com