PRIVATE/SEMI PRIVATE LESSON REQUEST

Pro_____ Date of Inquiry: _____

Person requesting lesson: _____

Home Telephone: (_____)_____Work Telephone: (_____)_____

Requesting Lesson for: _____Adult _____Child (If child, please list age_____)

Tennis Experience_____

Is lesson for a member or non-member? Member Non-member

Season Desired: Fall Winter Spring Summer

Please indicate times available for lessons.

Best availability for private lessons is on Fri, Sat, & Sun

Members have priority.

MONDAY TIMES: _____

TUESDAY TIMES: _____

WEDNESDAY TIMES: _____

THURSDAY TIMES:_____

FRIDAY TIMES: _____

SATURDAY TIMES: _____

SUNDAY TIMES: _____

Lesson Cancellation Policy

Cancellations must be made with 24 hours notice to avoid a charge. Lesson cancelled with less than 24 hours notice will be charged the full amount if the lesson remains unsold. No shows are charged the full amount.

Please sign here, indicating that you have read and understood our lesson cancellation policy:

X_____ _____

Your signature **Date**

1st call_____ Notes: _____
2nd call: _____Notes: _____
3rd call: _____Notes: _____