



AQUATICS / GYMNASTICS REQUEST FORMS

Date of Request: _____

Member Service Staff Name: _____

Please fill out the following information, and return this form to the Buehler YMCA Member Service Desk or send directly to the email listed below under the "Type of lesson requested" section. Your request will be given to the department director and you will be called within 24 to 72 hours, depending on the day submitted, to arrange a training time. Once you arrange your training time, you can purchase your Private Lesson tickets at the Member Service Desk.

Participant's Name: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

Check One: Member _____ Non-Member _____ Membership # _____ Staff Initials _____

E-MAIL ADDRESS _____

TYPE OF LESSON REQUESTED

SWIMMING _____
(charli_bouma@ymcachgo.org)

GYMNASTICS _____
(cathy_huffman@ymcachgo.org)

Currently enrolled: Yes _____ No _____

Check One: 1 Session _____ 3 Sessions _____ 4 Sessions _____ 5 Sessions _____ 7 Sessions _____

Check day(s) available: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Times Available: Mornings _____ Evenings _____ Weekends _____

Name of Trainer/Instructor (if known): _____

Trainer/Instructor Gender Preference: Male _____ Female _____

PARTNER & GROUP (Please list additional participants)

Participant's Name _____ Age _____

Participant's Name _____ Age _____

FOR DIRECTOR OR INSTRUCTOR USE ONLY

Date member was called: _____ Called by: _____ First lesson date: _____