

AQUATICS/GYMNASTICS

REQUEST FORMS

Date of Request_____

Member Service Staff Name_____

Please fill out the following information, and return the form to the Buehler YMCA Courtesy Counter. Your request will be given to the department director for processing. The director or the instructor will call you to confirm the scheduled time as soon as a time is available. Once confirmed you can purchase the tickets at the Courtesy Counter.

Participant's Name_____

Address_____

Home Phone_____ Cell Phone_____ Work_____

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

E-MAIL ADDRESS_____

TYPE OF LESSON REQUESTED

Currently enrolled: Yes No

Swimming_____ **Gymnastics**_____

Circle One: 1 Session_ 3 Sessions_ 4 Sessions_ 5 Sessions_ 7 Sessions_ Ten Session

Check day(s) available Mon Tue Wed Th Fri Sat Sun

Times Available: Mornings_____ Evenings_____ Weekends_____

Name of Trainer Preference: Male_____ Female_____

PARTNER & Group-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_____