

# SACRAMENTO STATE AQUATIC CENTER

Date Received:

## Private Lesson Request Form:

Main Contact:		Name #2:	
Main Contact Date of Birth:		Name #2 Date of Birth:	
Name #3:		Name #4:	
Name #3 Date of Birth:		Name #4 Date of Birth:	
Main Contact Address:			
City:		State:	Zip:
Email:			
Cell Phone:		Other Phone:	

### Type of Lesson Requested:

<input type="checkbox"/>	Canoe	<input type="checkbox"/>	Windsurfing	<input type="checkbox"/>	Stand Up Paddle
<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Kayaking
<input type="checkbox"/>	Quest	<input type="checkbox"/>	Single Wherry	<input type="checkbox"/>	Sit On Top Kayak
<input type="checkbox"/>	Holder 20 (KEEL)	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Sit in Ocean Kayak
<input type="checkbox"/>	Laser			<input type="checkbox"/>	River Kayak ( on Lake Natoma only)
<input type="checkbox"/>	Pico			<input type="checkbox"/>	Need Aquatic Center Check-Out

Experience: \_\_\_\_\_

### Availability: (please allow 5 business days to schedule)

Preferred Dates & times:

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### Office Use Only:

Lesson Date	Time:	Instructor	Amount	Receipt #	Waiver Card:	Evaluation:

### Follow Up Lessons:

Lesson Date	Time:	Instructor	Amount	Receipt #	Waiver Card:	Evaluation: