



SPORTSMEN'S TENNIS & ENRICHMENT CENTER
Tennis and Education for Life

LESSON REQUEST FORM

TODAY'S DATE: ___/___/___

NAME: _____

MEMBER/CLINIC ENROLLMENT: YES/NO (Please circle one.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ (H) _____ (W) _____ (C)

EMAIL ADDRESS: _____

ADULT or JUNIOR (Age of Junior)
Please circle

LESSON TYPE

Please circle

Private / Semi-Private

Group of 3 / Group of 4

SKILL LEVEL

Please circle

Beginner

Intermediate

Advanced

HOW DID YOU HEAR ABOUT OUR PROGRAM /SERVICE: _____

WHICH DAY/DAYS OF THE WEEK ARE GOOD FOR YOU? (Please circle one)

MONDAY: AM / PM / AFT

TUESDAY: AM / PM / AFT

WEDNESDAY: AM / PM / AFT

THURSDAY: AM / PM / AFT

FRIDAY: AM / PM / AFT

SATURDAY: AM / PM / AFT

SUNDAY: AM / PM / AFT

FOR OFFICIAL USE ONLY

REQUEST TAKEN BY: _____ REQUEST DATE: ___/___/___

REQUEST GIVEN TO: _____

LESSON SCHEDULED BY: _____

If you choose to cancel your lesson, please note a minimum of a 48 hour notice is required to avoid a cancellation fee. A cancellation notice of 24 to 48 hours will require a fee equivalent to 50 % of the lesson cost. A cancellation notice with fewer than 24 hours will incur a payment of a cancellation fee of 100% of the lesson cost. Your initials will indicate that you have read and understand the terms. _____