

PRIVATE LESSON REQUEST FORM

SCOTT HAMILTON SKATING ACADEMY



Skaters Name: _____

Address: _____

City: _____

St _____

ZIP: _____

Female/Male: _____

Parents Name: _____

Mandatory Email: _____

Skater DOB: _____

Figure Skating Lesson or Hockey Skills Lesson: _____

Home Phone: _____

Cell Phone: _____

Shoe Size: _____

Skater's Current Level

_____ Beginner

_____ Advanced Beginner (Can skate Fwd and Bwd)

_____ Advanced Freestyle (Level) _____

_____ Adult Skater (Level) _____

Best Day and Time for Lesson:

Choice #1 _____

Choice #2 _____

Choice #3 _____

All Instructors are INDEPENDENT CONTRACTORS who use the facility to teach Private lessons; therefore; they set their own Schedule and FEES. Their FEES are for instructions and teaching ONLY and DO NOT include Admission or Skate Rental.

FOR OFFICE USE ONLY

Information Taken by _____ Date _____

Coach Referred to _____