



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PRIVATE ARCHERY LESSON REQUEST

This form is to be completed at the time of inquiry of private Archery lessons and submitted to the Program Director. The Program Director will then determine the appropriate instructor for the individual requesting private lessons. Please note: desired times and days are not a guarantee for instructor availability.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRIOR LESSONS OR CLASS?  Y  N

AGE OF STUDENT: \_\_\_\_\_ GRADE OF STUDENT: \_\_\_\_\_ MEMBER?  Y  N

DESIRED DAY:

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

ALTERNATE DAY:

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

MORNING, MID DAY, EVENING, NIGHT

DESIRED TIME: \_\_\_\_\_

ALTERNATE TIME: \_\_\_\_\_

DESIRED BOW:

RECURVE OR COMPOUND

ABILITY LEVEL:

- BEGINNER
- INTERMEDIATE
- ADVANCED

THIS PORTION TO BE SIGNED AFTER AN INSTRUCTOR IS ASSIGNED BY THE PROGRAM DIRECTOR AND A DATE AND TIME HAVE BEEN AGREED UPON.

I, \_\_\_\_\_, AGREE TO THE ABOVE INSTRUCTOR, DAY AND TIME. IF FOR ANY REASON I AM UNABLE TO ATTEND A SCHEDULED LESSON, I WILL CALL THE YMCA TO NOTIFY THE INSTRUCTOR WITH AT LEAST 2 HOURS NOTICE. IF I DO NOT PROVIDE AT LEAST 2 HOURS NOTICE OF A CANCELLATION, I WILL STILL BE OBLIGATED TO PAY FOR THE SCHEDULED LESSON. I AGREE TO PAY FOR THE MISSED LESSON BEFORE I AM ELIGIBLE TO RECEIVE ANOTHER LESSON.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_