

# Group Swim Lesson Make Up Request

<b>Date:</b>	
<b>Child's Name</b>	
<b>Contact Name:</b>	
<b>Contact Number:</b>	
<b>Day / Date Missed</b>	M    T    W    Th    F    Sa    Su  _____ / _____ / 20____
<b>Lesson Level</b>	AquaTots    PreSchoolBeg    PreSchoolAdv    Level 1    Level 1-Older Level 2    Level 3    Level 4    Level 5    PreComp    Adult
<b>Reason Requesting Make - Up Class</b>	

Make Ups Are Never Guaranteed! All Policies Listed In Our Brochure.  
No Fax / Call – Ins Accepted. Make Ups Only Available Within Session.

<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	
Options Given: _____	
Make Up Recd?	Yes      No
Scheduled For: _____	
Notes: _____ _____	
Directors Signature: _____	Date: _____