

# White Rose Figure Skating Club

## Private Lesson Request

Skater Name \_\_\_\_\_

Age \_\_\_\_\_ Male Female

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Preferred Day/Time for Lesson \_\_\_\_\_

Preferred Instructor \_\_\_\_\_

Prior Skating Experience \_\_\_\_\_

Request Taken By \_\_\_\_\_ Date Taken \_\_\_\_\_