Mid-Island Y JCC 45 Manetto Hill Rd. Plainview, NY 11803

Backyard Pool Program Request

American Red Cross

Today's Date _____ Member_____ Non-Member_____

Family Last Name: _____ Email Address: _____

First Name: _____ Ages: _____

Swimming Level/ Ability: _____

Choose Package:

_____ 6 lessons (2x per week) _____ 30 min lessons

_____ 6 lessons (1x per week) _____ 45 min lessons

Days and times available for lessons:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9 AM – 12 PM					
2 PM – 7 PM					

Person to contact:_____ Phone _____

Address: _____

Any additional information_____

Is the Backyard Pool Heated: YES NO

For Office Use Only

Name of person lessons are for: _____ Age: _____

Contact:_____ Phone: _____

Start Date _____ Contacted by_____ on _____

Instructor_____ Contacted by_____ on _____

Number of lessons _____ Payment Processed _____

Email sent _____ Lesson Verification form established _____