



Lesson Scheduling Form:

Name of Student: _____

Returning Student:

Yes No

Requested Lesson Type (Please check all possible options and rank them from most preferable to least preferable to ensure availability):

Group Lesson

Private (**only available weekdays**) Please specify 30 min, 45 min, or one hour: _____

Semi-Private (**only available weekdays**) Please specify 30 min, 45 min, or one hour: _____

Name of Lesson Partner: _____

Drop-in Lesson

*Please note that lesson times are not reserved for drop-in packages

Requested Number of Lessons Per Week: _____

Please check the boxes for all your potential availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
9:00 a.m. – 12:00 p.m.							
12:00 p.m. – 3:00 p.m.							
3:00 p.m. – 5:00 p.m.							
5:00 p.m. – 7:00 p.m.							
7:00 p.m. – 9:00 p.m.							