



**Private Lesson Inquiry Form**

Date of Inquiry: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Name of Child(ren) wanting Private Lessons:

1. \_\_\_\_\_ Level: \_\_\_\_\_

2. \_\_\_\_\_ Level: \_\_\_\_\_

Days of week available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Time(s) of day available: \_\_\_\_\_

What dates are you hoping for: \_\_\_\_\_

How Many Classes do you want: \_\_\_\_\_ (minimum of 3 unless it is a one item)