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## Customer Enquiry Form

<b>Full Name Of Swimmer</b>	
<b>Name Of Parent If Above Is A Child</b>	
<b>Address</b>	
<b>Email address</b>	
<b>Home Phone Number</b>	
<b>Mobile/Emergency Phone Number</b>	
<b>DOB Of Swimmer &amp; Age</b>	

<b>Ability/Previous Swimming Awards Held</b>	
<b>Preferred Day Of Lesson:</b> Wednesday (under 1's) Saturday (under & over 1's) Wed or Sat for Private lessons at Ricky	

<b>Preferred Time Of Lesson:</b> Wed 1.20-1.50pm or 1.50-2.20pm Sat 2.20pm (baby) Sat 2.50pm (over 1's) Private 2.20 or 2.50pm	
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<b>Group session or Private session?</b>	
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<b>What Area/Town Do You Require The Lessons?</b>	
<b>Please State Any Illnesses Or Disabilities Of The Swimmer</b>	
<b>How Frequent Do You Want The Lessons?</b>	
<b>Proposed Start Date For Lessons</b>	