FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRE COUNTY
PRIVATE SWIM LESSON REQUEST

Adult Contact **Date:** _____

Name: _____ Email: _____

Daytime Phone: _____ Evening Phone: _____

Participant Information

Name: _____ Age: _____

Availability: _____

Goals: _____

_____

Specific Requests: _____

_____

Name of Instructor Requested (if known): _____

Lessons are 30 minutes each and are scheduled on an individual basis with your instructor.
An aquatics representative will contact you as soon as you have been matched with an instructor.
Please DO NOT register or pay for lessons until you have been matched with an instructor!

Complete this form and send it to the branch of your choice:

Aquatics Director
Bellefonte Family YMCA
125 West High Street
Bellefonte, PA 16823

Aquatics Director
State College Family YMCA
677 West Whitehall Road
State College, PA 16801

info@ymcaofcentrecounty.org