

Today's Date _____ Time _____ Your Name _____ Year _____

PRIVATE LESSON RESERVATION FORM

RESERVATION #	CUSTOMER #
LAST NAME:	FIRST:
ADDRESS:	CELL #:
CITY/STATE/ZIP:	HOME #:
EMAIL:	FAX #:
BIRTHDATE:	LOCAL LODGE:
CONTACT PERSON & #:	

Name on Card:	Expiration Date:
Credit Card #:	

NOTES:

Instructor	Start Date	End Date	Lesson Type	Booking Type	Meeting Place	Ability Level
			P6 P1 P2 P3 am pm Alpine SB Adaptive Nordic	Request Referral Assignment Cont. Assign		1 st time <u>Beg Int Adv</u> Adult Teen Child: 3-6 7-14

Lesson Notes (NAMES, CHILD AGES, LESSON OBJECTIVE): Number of Students:

			P6 P1 P2 P3 am pm Alpine SB Adaptive Nordic	Request Referral Assignment Cont. Assign		1 st time <u>Beg Int Adv</u> Adult Teen Child: 3-6 7-14
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___ **Quoted Cancellation Policy** ___ → **Must cancel at least 24 hrs. in advance or will be charged \$100 fee. If lesson is cancelled within 24 hrs. full lesson price will be charged if instructor isn't rebooked. All children age 12 under must wear a helmet while participating in a lesson.**

___ Confirmation given by ___ Letter sent ___ Faxed ___ On phone ___ Email ___ In Person

___ Liability/CC Auth sent to guest ___ Noted in reservation note field if liability is on file/not on file