



Private Lesson Referral Form

Private Lesson Guest

Reservation Number: _____ Customer Number: _____

Last Name: _____ First Name: _____

Referral

Referring/Original Instructor: _____ POD: _____

Reason for Referral: _____

Referral Dates: Start: _____ End: _____

Lesson Details

New Instructor: _____ POD: _____

Lesson Type: _____ Booking Type: _____ Meeting Place: _____

Number of Students: _____ Ability Level: _____ Discipline: _____

Lesson Notes: _____

E-mailed to: New Instructor: _____ Supervisor: _____

Admin Use Only

Supervisor Approval and Entered into System:

Admin Entered: _____ Date: _____ Credits Paid: _____