



FOR OFFICE USE ONLY					
DATE					
FEE					
STAFF					
RECEIPT					
CASH	DEBIT	CREDIT	CHECK		

## PRIVATE PICKLEBALL INSTRUCTION @ Watauga Community Recreation Center

NAME			
MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE: HOME	CELL		WORK
EMAIL			
GENDER Male / Female DATE	OF BIRTH		_
NAME OF PERSONAL TRAINER REQUESTEI	Lisa - Kare	- Lead instructor n - WCRC Clinic ck - WCRC Clinic	for WCRC Clinics Instructor
PREFERRED DAYS/TIME REQUESTS			
NAMES OF OTHERS IN YOUR PARTY (when	registering for g	roup instruction):	
eturn completed registration form and paym me. All instruction will be conducted inside			
\$50 Private Instruction, 1-hour instr	ruction/coach	ing/drills (max g	group of 2)
\$75 Semi-Private or Private Instruct	ion, 1.5-hour	instruction/coa	ching/drills (max group of 4)
\$45 Play with a coach, 1-hour of ha Participants must form their own			
Level of requested clinic: Beginner Beyond Beginner			rmediate anced
Special Requests (i.e. work on serves, basi	c rules clinic,	intermediate dr	rill, etc):