

Phone: (828) 264-9511

PRIVATE **PICKLEBALL INSTRUCTION**

NAME



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

	Individual
¢E0	1-hr
J SOU	instruction

@ Watauga Community Recreation Center

MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE: HOME	CELL		WORK
EMAIL			
GENDER Male / Female	DATE OF BIRTH		_
NAME OF PERSONAL TRAINER REQU	JESTED		
PREFERRED DAYS/TIME REQUESTS			
NAMES OF OTHERS IN YOUR PARTY	(when registering for gr	oup instruction):	
HEALTH CONCERNS			
Return completed registration form and time. All instruction will be conducted in			tructor will contact you to set up instruction tion Center.
\$50 per hour of instructio	n OR \$30 per hou	r of instruction	on for groups of 2 to 4 students
\$50 Private Instruction			
\$30 per person for Semi-	Private Instructio	n (group of 2	2—4)
Level of requested clinic:			
Beginner			ermediate
Beyond Beginner		Adv	vanced
Special Requests (i.e. work on s	serves, basic rules	clinic, interr	nediate drill, etc):