



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

PRIVATE PICKLEBALL INSTRUCTION @ Watauga Community Recreation Center

NAME			
MAILING ADDRESS			
CITY	STATI	E ZIP CODE	
PHONE: HOME	CELL	WORK	
EMAIL			
GENDER Male / Female			
NAME OF PERSONAL TRAINER REQUE	STED Elizabeth - PPF Bonnie Burton Tom Goodwin Bonnie Church Pat Anderson First Available	n n h, Certified	
PREFERRED DAYS/TIME REQUESTS _			
Return completed registration form and prime. All instruction will be conducted in		k. An instructor will contact you to set up instructy Recreation Center.	ctior
\$50 Private Instruction, 1-hour	instruction/coaching/drills	(max group of 2)	
\$75 Semi-Private or Private Inst	ruction, 1.5-hour instruction	on/coaching/drills (max group of 4)	
\$45 Play with a coach, 1-hour c Participants must form their o		ough play (\$15 per person, group of 3). By pay individually.	
Level of requested clinic: Beginner Beyond Beginner		_ Intermediate _ Advanced	
Special Requests (i.e. work on serves,	basic rules clinic, intermed	diate drill, etc):	
			