

Santa Rosa Gymnastic Center & Santa Rosa Elite Cheer Inc.
(SRGC) Private Lesson Contract

Student's Name: _____

Level: (circle one) **Beg (A)** **Inter (B)** **Adv (C)** **Team**

Age: _____ **Birthdate:** _____

Parent/Guardian's Name: _____

Relation: _____

Address: _____

City: _____ **Zip** _____

Phone Numbers: Cell () _____ **Home** () _____

Emergency Contact & Number _____

Email: _____

SRGC Member: (circle one) **Yes** **No**

If No, above client MUST fill out and returned SRGC Membership Form, before classes may begin.

For all non-members of SRGC (anyone not currently enrolled in classes), a \$45 Facility use fee, Payable to SRGC, will be billed each month the private lessons are in session.

<p>For Office/Instructor Only:</p> <p>Teacher Name: _____</p> <p>Rate: _____ Per Half Hour</p> <p>Lesson Day: _____</p> <p>Lesson Time: _____ - _____</p> <p>Total Cost Per Lesson \$ _____</p> <p>Non-Refundable 24 Hour cancelation policy. To cancel call the office at least 24 hours prior to lesson – 525-1720</p>
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<p>Half Hour Rates: (check one)</p> <p><input type="checkbox"/> Rec. Instructor \$40</p> <p><input type="checkbox"/> Senior Instructor \$45</p> <p><input type="checkbox"/> Team Coach \$48</p> <p><input type="checkbox"/> Senior Team Coach \$50</p> <p><input type="checkbox"/> 2 Person Private \$60</p>
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I AGREE to all fo the above terms and fees for the PRIVATE LESSON on the above day and time. I AGREE to pay these fees on the first lesson of each month and before any lesson may begin. (Payable to SRGC) If I am unable to attend my lesson I agree to cancel at least 24 hours prior to scheduled lesson, or payment becomes non-refundable. I AGREE to follow the rules and policies as stated in the SRGC Membership form, which I have read and signed.

Parent/Guardian's Signature: _____

Date: _____