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 www.jewishknoxville.org

Today's Date \_\_\_\_\_

# 2017

## Arnstein Jewish Community Center

### Swim Team Participants—Private Swim Lesson



#### Guardian Information

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

If lessons are for a minor, please provide the information below.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### LESSON FEES

	<b>AJCC Members</b>	<b>Non Members</b>
Joe Peeden, Instructor	\$ 45	\$ 50
Assistant Coach	\$ 32	\$ 35
Swim Lesson Fee	_____	_____
Number of Lessons	_____	_____
<b>Total</b>	_____	_____

#### Payment

Check (Payable to KJA)       Cash  
 Credit Card \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Expiration Date (MM/YY) \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_

A KJA Staff member will contact you to arrange payment prior to your scheduled lesson. All swim team private swim lesson fees are to be paid directly to the KJA Main Office. Please do not pay instructors.

KNOXVILLE JEWISH ALLIANCE, INC. , 6800 Deane Hill Dr., Knoxville, TN 37919 Phone: 865.690.6343 Fax: 865.694.4861 www.jewishknoxville.org

DO NOT WRITE BELOW THIS LINE

This lower section to be completed by swim instructor and returned to the main office.

#### Swim Lessons:

Lesson Date	Begin & End Time of Lesson	Instructor's Name: (print name clearly)