



ASPIRATIONS DANCE COMPANY
PRIVATE LESSON REQUEST FORM

350 S. Main St, Lombard, IL
Call or Text 224-231-9157

Date: ____/____/____

Dancer Information

Dancer Full Name: _____

Parent/Guardian Information

Parent or Guardian Name: _____

Cell Phone: _____ **Email:** _____

Private Lesson Details

Preferred Instructor: _____ **Lesson Type:** _____

Day(s) Requested: _____ **Time(s) Requested:** _____

Areas Of Focus

TERMS & CONDITIONS

Once our office staff confirms instructor availability, full payment is required to **hold** your studio space and the instructor's time for the private lesson requested. If you do not show up or are late, that time and payment are forfeited.

Payments cannot be made directly to any instructor under any circumstances.

PARENT SIGNATURE

Signature: _____ **Date:** ____/____/____

OFFICE USE ONLY

Instructor Assigned: _____

Confirmed Date(s): _____

Confirmed Time(s): _____