



# South African Figure Skating Association

## Teaching Assistantship Program

### Lesson Booking Form

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Teaching Assistant Name:

Responsible Coaching Mentor Name:

Pupil Name:

Pupil Contact Telephone Number:

### WEEKLY LESSON SCHEDULE

Schedule  
Period

From: 

D	D	M	M	Y	Y	Y	Y
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To: 

D	D	M	M	Y	Y	Y	Y
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Day	No of Lessons	Time of Lesson(s)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
		Total No of Weekly Lessons

Number of booked weeks:  X No of Weekly Lessons =  Booked Lessons

Number of booked Lessons:  X R \_\_\_\_\_ per Lesson =  R \_\_\_\_\_ = Total Cost

SIGNATURES			
Pupil / Legal Guardian:		Date:	
Teaching Assistant:		Date:	
Mentor Coach:		Date:	

**FOR OFFICE USE ONLY**

Date Received:		Signed:	
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