

LOCKPORT SUMMER PARKS PROGRAM
ADULT TENNIS LESSON REGISTRATION FORM

Name _____

Address _____, _____

Check one: Resident of City _____ Town _____ Other _____

Phone: Cell _____ Home _____ T-shirt size _____

E-mail address _____

ABILITY LEVEL

_____ Beginner _____ Intermediate _____ Advanced

LESSON TIMES*

*subject to change

Tuesdays: 7/2 - 7/30 (Rain Date 8/6)

_____ 5:45-6:40 Beginners/Intermediate

_____ 6:45-7:40 Advanced

Check any other nights you may take in case of rain or need for more classes:

_____ Monday _____ Wednesday _____ Thursday

SURVEY: *How did you find out about these lessons? Check any that apply*

_____ Newspaper(s) _____ "Word of mouth" _____ Coach/teacher

_____ E-mail _____ Lockport website _____ Sign

_____ Other _____

PLEASE RETURN THIS FORM AT TO THE TEACHERS, WHO WILL ENROLL YOU

----- (Staff use only) -----

Paid: ___ Check # _____ payable to **City of Lockport** ___ Cash Amount: _____