

ADVANCED YOUTH SUMMER TENNIS REGISTRATION FORM

Name _____ Phone: Cell _____ Home _____
Address _____, _____ # years taken lessons _____
Age _____ Grade in fall _____ School you'll attend in fall _____
Previous tennis team experience (if any) _____
Check one: Do you live in the City of Lockport _____ Town _____ Other _____?
Male _____ Female _____ What's your T-shirt size? Youth, size _____ Adult, size _____
E-mail address _____

SESSION(S) YOU'RE INTERESTED IN

_____ Session I Tues. & Thurs. 7/2, 7/9, 7/11, 7/16 (R.D. 7/18)
_____ Session II Tues. & Thurs. 7/23, 7/25, 7/30, 8/1 (R.D. 8/6)

CHECK ONE OF THESE TIMES:

Session I _____ 9:00-10:20 AM (ages 10-13)
_____ 10:30-11:50 AM (JV/VARSITY TEAM or CANDIDATE)
Session II _____ 9:00-10:20 AM (ages 10-13)
_____ 10:30-11:50 AM (JV/VARSITY TEAM or CANDIDATE)

HOW DID YOU FIND OUT ABOUT THESE LESSONS? *Check any that apply*

____ Newspaper _____ Word of mouth _____ Sign _____ Coach/teacher _____ E-mail _____
____ City of Lockport website _____ Other _____

PLEASE RETURN TO TENNIS INSTRUCTORS WHO WILL ENROLL YOU

(Staff use only)

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