

LOCKPORT SUMMER PARKS RECREATION TENNIS PROGRAM
REGISTRATION FORM: **BEGINNER 1 & 2/ADVANCED BEGINNERS**

Name _____ Phone _____

Address _____ Male _____ Female _____

Age _____ Grade in fall _____ School you'll attend in fall _____

(Check one:) Do you live in the City of Lockport _____ Town _____ Other _____ ?

E-mail address _____ T shirt size _____

(Indicate youth # or adult S M L XL XXL)

Tennis Experience

of years' lessons _____ *Beginner* _____ *Beginner II (took lessons before)* _____ *Advanced Beginner*

SESSION CHOICE(S)

_____ Session I Mon., Weds., Fri. 7/1, 3, 8, 10, 12, 15 (RD 7/5, 7/17)

_____ Session II Mon., Weds., Fri. 7/24, 26, 29, 31, 8/2, 5 (RD 8/7)

TIMES AND SUGGESTED *AGE LEVELS

(* subject to change)

_____ 8:45-9:30 Ages 5-8

_____ 11:15-noon Ages 14-18

_____ 9:35-10:20 Ages 9-10

_____ 10:25-11:10 Ages 11-13

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

_____ Newspaper _____ "Word of mouth" _____ City website _____ E-mail

_____ Coach/schoolteacher _____ Info sheet

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

-----STAFF USE ONLY)-----

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