

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

\_\_\_\_\_ Advanced Beginner

\_\_\_\_\_ Intermediate

\_\_\_\_\_ Advanced

LESSON TIMES\*

\*subject to change

Tuesdays

\_\_\_\_\_ 5:45-6:40 Beginners/Beginners II/Advanced Beginners

\_\_\_\_\_ 6:45-7:40 Intermediate/Advanced

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

\_\_\_\_ Monday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday

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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

\_\_\_\_\_ Cable TV \_\_\_\_\_ Radio \_\_\_\_\_ Other \_\_\_\_\_

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

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(Staff use only)-----

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