

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, but not passed test)* _____ *Advanced Beginner*

SESSION CHOICE(S)

____ Session I Mon., Weds., Fri. 6/25, 6/27, 7/2, 4, 6, 9 (RD 6/29, 7/11)

____ Session II Mon., Weds., Fri. 7/16, 18, 20, 23, 25, 27 (RD 7/28, 7/30)

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

____ Other by appointment

____ 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 _____ Cable TV _____ Radio

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

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

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