

**LOCKPORT SUMMER PARKS RECREATION TENNIS PROGRAM
REGISTRATION FORM: **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 THIS AT REGISTRATION TO THE TEACHERS, WHO WILL ENROLL YOU. FOR MORE INFORMATION, CONTACT BRANDON REID AT 716.345.0993

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

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

Amount_____