

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. FOR MORE INFORMATION, CONTACT BRANDON REID AT 716.345.0993**

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

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

Amount \_\_\_\_\_