

LOCKPORT SUMMER PARKS RECREATION TENNIS PROGRAM
REGISTRATION FORM:

Name _____ Phone _____ Age _____

Emergency Contact Name _____ Phone _____

(Check one:) Do you live in the of Lockport ____ If no, where? _____

E-mail address _____ T shirt size _____ (Indicate youth or adult)

Tennis Experience

of years' lessons _____ *Beginner* _____ *Advanced*

SESSION CHOICE(S)

_____ **Beginners Lessons- Mon/Wed**

Starting July 11th, ending August 17th (6 week program every Mon/Wed)

_____ **Advanced Lessons- Tues/Thurs**

Starting July 12th, ending August 18th (6 week program every Tues/Thurs)

*If not sure, email b.reid0217@gmail.com for information regarding lessons

TIMES AND SUGGESTED *AGE LEVELS

(* subject to change)

_____ 9-9:50 Ages 5-9

_____ 10-10:50 Ages 10-13 (We can accommodate for time slots, just ask!)

_____ 11-11:50 Ages 14-18

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 _____