

**LOCKPORT SUMMER PARKS RECREATION TENNIS PROGRAM  
REGISTRATION FORM:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**Tennis Experience**

# of years' lessons \_\_\_\_\_ Beginner \_\_\_\_\_ Advanced \_\_\_\_\_

**SESSION CHOICE(S)** Check One

**Youth:**

\_\_\_\_\_ Beginners Lessons- **Mon/Wed**

**Starting July 10th, ending August 16th** (6 week program every Mon/Wed)

\_\_\_\_\_ Advanced Lessons- **Tues/Thurs**

**Starting July 11th, ending August 17th** (6 week program every Tues/Thurs)

\*If not sure, email [b.reid0217@gmail.com](mailto:b.reid0217@gmail.com) for information regarding lessons '

**TIMES AND SUGGESTED \*AGE LEVELS :** Check One

\_\_\_\_\_ 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

**Adult:**

\_\_\_\_\_ **Tuesdays, Starting July 11th, ending August 15th**

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 \_\_\_\_\_