

**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 \_\_\_\_\_