

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

Name _____ 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 8th, ending August 14th (6 week program every Mon/Wed)

_____ **Advanced Lessons- Tues/Thurs**

Starting July 9th, ending August 15th (6 week program every Tues/Thurs)

*If not sure, email 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

PLEASE RETURN THIS AT REGISTRATION TO THE TEACHERS, WHO WILL ENROLL YOU. The price is \$60 per child.

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

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