

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

Name _____ Age _____

Emergency Contact Name _____ Phone _____

Address _____

E-mail address _____

T-shirt size _____ (*Indicate youth/ adult*)

Tennis Experience

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

SESSION CHOICE(S) Check One

Youth:

_____ Beginners Lessons- **Mon/Wed**

Starting July 6th, ending August 12th (6-week program every Mon/Wed)

_____ Advanced Lessons- **Tues/Thurs**

Starting July 7th, ending August 13th (6-week program every Tues/Thurs)

If not sure, email lpsummertennis@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 COACHES, WHO WILL
ENROLL YOU. The price is \$60 per child.**

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

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