

(Office use only) Date Received: _____

2019 Lake Park Tennis Clinic Registration Form

(Please fill out a separate registration form for each participating child)

Participant's Name: _____ Age: _____

Playing Level (please circle): Beginner / Intermediate / Advanced

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Lake Park Friends Member: Yes / No

T-Shirt Size: Youth Small / YM / YL / YXL / Adult Small / Adult Medium

Clinics will meet Mondays, Wednesdays, & Fridays. Rainouts will be made up on Tuesdays or Thursdays when possible.

Please Select the session(s) you would like to participate:

Session #1: June 10, 12, 14, 17, 19, 21
9:00am - 9:45am (Ages 5-8)
10:00am - 11:45 am (Ages 9-14)

Session #2: June 24, 26, 28, July 1, 3, 5
9:00am - 9:45am (Ages 5-8)
10:00am - 11:45 am (Ages 9-14)

Session #3: July 8, 10, 12, 15, 17, 19
9:00am - 9:45am (Ages 5-8)
10:00am - 11:45 am (Ages 9-14)

Session #4: July 22, 24, 26, 29, 31, August 2
9:00am - 9:45am (Ages 5-8)
10:00am - 11:45 am (Ages 9-14)

Session #5: August 5, 7, 9, 12, 14, 16
9:00am - 9:45am (Ages 5-8)
10:00am - 11:45am (Ages 9-14)

Session Cost:

\$40, **One Session** \$70, **Two Sessions**

\$90, **Three Sessions** \$100, **Four Sessions** \$105, **Five Sessions**

Plus:

\$20 One time registration fee (this fee is waived for all Lake Park Friends Members)

Total Enclosed: _____

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Please fill out this form and return with your check payable to "Lake Park Friends" to:
Lake Park Friends, P.O. Box 71197, Milwaukee, WI 53211
Registration & payment needs to be sent in one week prior to the start of the clinic.
Questions? Contact lakeparkfriends@sbcglobal.net or 414-962-1680

Lake Park Friends Credit Card Authorization Form

Mastercard _____ Visa _____ Discover _____ American Express _____

Card # _____

3/4-Digit Security Code _____

Expiration Date (mm/yyyy) _____

Signature _____