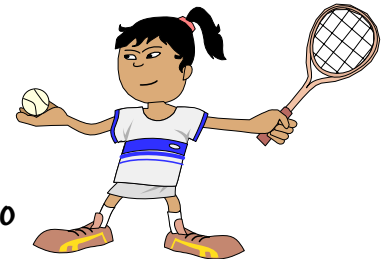


# VILLAGE OF BRONXVILLE

## Mike's Tikes & Junior

# Summer Tennis Program 2010

Begins Tuesday, June 21, 2010 - Ends September 3, 2010



This year we are offering an afternoon summer tennis program for young permit holders. We will teach your 4 to 12 year old child tennis skills by incorporating fun activities. The program is only open to permit holders. Proper tennis attire is required and in case of inclement weather, call (914) 793-9629 to see if classes will be held. Makeups for rainy days will be arranged.

**Mikes Tikes & Junior Summer Registration Form** – No registrations will be excepted without payment in full. Please make Checks Payable to: The Village of Bronxville and mail them to Village of Bronxville, 200 Pondfield Road, Bronxville, NY 10708

5 Students / Court		Age 4 to 6		Age 7 to 10		Age 10 to 12
	Dates (M-F)	Mikes Tikes (Cost/Week \$75)		Beginner thru Adv Beginner	Adv Beginner Thru Intermed	Intermed thru Advanced
Cost/Week		\$75	\$75	\$100	\$100	\$100
Class Time		10:30 – 11:15 am	12:45 – 1:30 pm	1:30 – 2:30 pm	2:30 – 3:30 pm	3:30 – 4:30 pm
Week 1	6/21 – 6/25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	6/28 – 7/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	7/5 – 7/9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	7/12 – 7/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	7/19 – 7/23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	7/26 – 7/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	8/2 – 8/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	8/9 – 8/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 9	8/16 – 8/20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 10	8/23 – 8/27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 11	8/30 – 9/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total # Weeks: \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_ Permit Number: \_\_\_\_\_

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Right \_\_\_ Left \_\_\_ handed

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent or Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

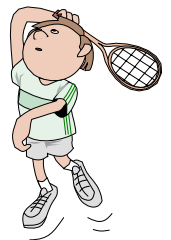
In Case of Emergency, and I am not at home, please contact this number:

Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

The following person will pickup up my child: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

List any medical problems, allergies or medications of the child: \_\_\_\_\_



PLEASE PICK UP CHILDREN PROMPTLY WHEN CLASS ENDS