



**VILLAGE OF BRONXVILLE**  
**Mike's Tennis for Juniors**  
**Spring Tennis Program 2011**  
**Starts Tuesday May 3<sup>rd</sup> – Ends Sunday June 19<sup>th</sup>**

This is a comprehensive program for children ages 5 to 10 which stresses hand-eye coordination and footwork skills by incorporating fun activities. All the skills are learned by games that your child will enjoy. There is a new program for Advanced and Tournament Level players age 10 and up.

**CLASSES MEET ONCE A WEEK FOR 7 WEEKS**  
 at the Village of Bronxville Tennis Court, 5 Garden Avenue  
**4 Students Per Pro**

Beginner to Advanced Beginner (Age 5 – 7)			Intermediate (Age 7-9)			Advanced & Tournament Level Players (Age 10 & Up)		
<input type="checkbox"/>	Tue	3:30 – 4:30 pm	<input type="checkbox"/>	Tue	4:30 – 5:30 pm	<input type="checkbox"/>	Tue	5:30 – 6:30 pm
<input type="checkbox"/>	Wed	3:30 – 4:30 pm	<input type="checkbox"/>	Wed	4:30 – 5:30 pm	<input type="checkbox"/>	Wed	5:30 – 6:30 pm
<input type="checkbox"/>	Thu	3:30 – 4:30 pm	<input type="checkbox"/>	Thu	4:30 – 5:30 pm	<input type="checkbox"/>	Thu	5:30 – 6:30 pm
<input type="checkbox"/>	Fri	3:30 – 4:30 pm	<input type="checkbox"/>	Fri	4:30 – 5:30 pm	<input type="checkbox"/>	Fri	5:30 – 6:30 pm

Fee: **\$175 per session**

Only open to permit holders. In case of inclement weather please call (914) 793-9629 to see if classes will be held. Makeup for rainy days will be arranged.

Please make all checks payable to the Village of Bronxville.  
 Applications can be mailed to:  
 Village of Bronxville  
 200 Pondfield Road,  
 Bronxville, NY 10708

No application will be processed without PAYMENT IN FULL!!!  
 Call Mike Virgilio at (914) 793-9629 to arrange a tryout if you are unsure about your child's ability.



**Mikes Junior Spring Registration Form 2011**

Day & Time Requested: \_\_\_\_\_ 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**