



VILLAGE OF BRONXVILLE
Mike's Tennis for Juniors
Spring Tennis Program 2009
Starts Tuesday May 5th – Ends Friday June 19th

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.

Where: Village of Bronxville Tennis Court, 5 Garden Avenue – 4 Students Per Court

| Beginner to Advanced Beginner (Age 5 – 7) | Intermediate (Age 7-10) | Intermediate to Advanced (Age 7-10) |
|--|--|--|
| <input type="checkbox"/> Tue 3:30 – 4:30 pm | <input type="checkbox"/> Tue 4:30 – 5:30 pm | <input type="checkbox"/> Tue 4:30 – 5:30 pm |
| <input type="checkbox"/> Wed 3:30 – 4:30 pm | <input type="checkbox"/> Wed 4:30 – 5:30 pm | <input type="checkbox"/> Wed 4:30 – 5:30 pm |
| <input type="checkbox"/> Thur 3:30 – 4:30 pm | <input type="checkbox"/> Thur 4:30 – 5:30 pm | <input type="checkbox"/> Thur 4:30 – 5:30 pm |
| <input type="checkbox"/> Fri 3:30 – 4:30 pm | <input type="checkbox"/> Fri 4:30 – 5:30 pm | <input type="checkbox"/> Fri 4:30 – 5:30 pm |
| <input type="checkbox"/> Sat 1:00 – 2:00 pm | <input type="checkbox"/> Sat 2:00 – 3:00 pm | <input type="checkbox"/> Sat 2:00 – 3:00 pm |
| <input type="checkbox"/> Sun 1:00 – 2:00 pm | <input type="checkbox"/> Sun 2:00 – 3:00 pm | <input type="checkbox"/> Sun 2:00 – 3:00 pm |

Fee: \$175 per session

Only open to permit holders. Classes meet once a week for 7 weeks. 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 2009

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