



VILLAGE OF BRONXVILLE
Mike's Tennis for Tots
Spring Tennis Program 2011
Starts Monday May 2nd – Ends Friday June 17th

Shake hands with your racket and join the fun. The children will learn the basics through various games and drills. We will work on strokes, form and making sure we have fun . . . "Balloon Tennis, Alligator Bites" and lots of other silly games will be incorporated into the class. Mike Virgilio has been teaching this very popular program in Bronxville for the past 26 years. Sign up early space is limited.

CLASSES MEET ONCE A WEEK FOR 7 WEEKS
 No Classes on Memorial Day – Monday May 30th

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

3 & 4 Year Olds			4 & 5 Year Olds		
<input type="checkbox"/>	Mon -	10:00 – 10:30 am	<input type="checkbox"/>	Mon -	3:00 – 3:30 pm
<input type="checkbox"/>	Tue -	10:00 – 10:30 am	<input type="checkbox"/>	Tue -	3:00 – 3:30 pm
<input type="checkbox"/>	Wed -	10:00 – 10:30 am	<input type="checkbox"/>	Wed -	3:00 – 3:30 pm
<input type="checkbox"/>	Thu -	10:00 – 10:30 am	<input type="checkbox"/>	Thu -	3:00 – 3:30 pm
<input type="checkbox"/>	Fri -	10:00 – 10:30 am	<input type="checkbox"/>	Fri -	3:00 – 3:30 pm

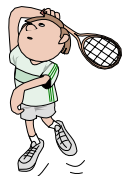
Fee: \$110 per session

Only open to permit holders. If you're interested and do not have a permit or permit application form, go to Village Hall or visit us on-line at www.VillageofBronxville.com. Proper tennis attire required. In case of inclement weather, please call (914) 793-9629 to obtain information regarding class cancellations. Make ups 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 Tots 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