



**VILLAGE OF BRONXVILLE**  
**Mike's Tennis for Tikes and Young Juniors**  
**SpringTennis Program 2015**  
**Starts Monday April 27<sup>th</sup> – Ends Friday June 19<sup>th</sup>**

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. Mike Virgilio has been teaching this very popular program in Bronxville for the past 28 years. Sign up early space is limited.

**CLASSES MEET ONCE A WEEK FOR 8 WEEKS**  
**No Classes Memorial Day Mon. May 25th**

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

4 – 6 Year Olds Fee: \$225 per session			6 - 8 Young Juniors Fee: \$225 per session		
<input type="checkbox"/>	Monday	3:00 – 3:45 pm	<input type="checkbox"/>	Monday	3:45 – 4:30 pm
<input type="checkbox"/>	Tuesday	3:00 – 3:45 pm	<input type="checkbox"/>	Tuesday	3:45 – 4:30 pm
<input type="checkbox"/>	Wednesday	3:00 – 3:45 pm	<input type="checkbox"/>	Wednesday	3:45 – 4:30 pm
<input type="checkbox"/>	Thursday	3:00 – 3:45 pm	<input type="checkbox"/>	Thursday	3:45 – 4:30 pm
<input type="checkbox"/>	Friday	3:00 – 3:45 pm	<input type="checkbox"/>	Friday	3:45 – 4:30 pm

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](http://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 Fall Registration Spring 2015**

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**