

GARDEN CITY COMMUNITY PARK TENNIS CENTER

52 Cherry Valley Avenue / Garden City, New York / (516) 483-2525

WOMEN'S TENNIS LEAGUE REGISTRATION FORM – 2020/21 SEASON

Name _____	Deposit Check # _____
Address _____	
Home Phone # _____	Cell Phone # _____
E-mail _____	
My Current League is _____	

If wish to move up you must try out for the group. Also, if you wish to move up and there are no openings in a group you will be put on a waiting list. If our pro ranks you at that level and there are openings you can move to the next level. If you would like to sub in another group; just indicate the days you are available.

**** \$550. Per person Please make checks payable to: Inc. Village of Garden City****

Please check appropriate league – 1st choice or 2nd choice:

MONDAY	3.0 DOUBLES	11:30 – 1:00	_____
MONDAY	3.5 DOUBLES	1:00 – 2:30	_____
TUESDAY	2.5 DOUBLES	11:30 - 1:00	_____
WEDNESDAY	Coached Play for beginners	11:30 – 12:30	_____
WEDNESDAY	3.5 – 4.0 DOUBLES	12:30 – 2:00	_____
THURSDAY	3.0 SINGLES	11:30 - 12:30	_____
THURSDAY	3.5 DOUBLES	12:30 – 2:00	_____
FRIDAY	3.0 DOUBLES	11:30 – 1:00	_____

I AM AVAILABLE TO SUB ON: _____

Please drop the form off to the Community Park Tennis Center, Garden City Pool office or to Garden City Department of Recreation and Parks at 108 Rockaway Avenue Garden City, NY 11530 c/o Tom McGerty. **Payment must be paid in full. Please register by September 14th.**

The Inc. Village of Garden City is not responsible for any personal property at any time. It is further understood and agreed that I hold the Village of Garden City harmless for any bodily injury or property damage on or about this village facility. Players are responsible for full payment.

Signature _____

Date _____