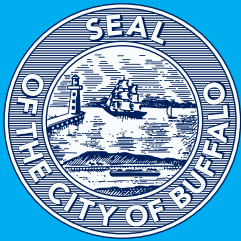




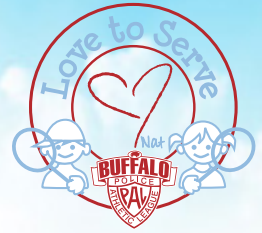
SUMMER SEASON



MAYOR BYRON W. BROWN



LOVE TO SERVE TENNIS CAMP



DELAWARE PARK, MCMILLAN COURTS BEGINNER & INTERMEDIATE CLINIC

PAL invites you to come learn the basics of tennis, perfect for the first time or novice player. Fundamental skill stations in small group settings will provide readiness for game play.

SESSION 1

Boys & Girls ages 7 - 17 (no exceptions)

Site: Delaware Park, McMillan Courts
Date: Weeks of 7/9, 7/16, 7/23, 7/30, 8/6 & 8/13
Days: Tuesday, Wednesday, Thursday
Time: 8:30 am - 10:00 am
Fee: \$25.00 per week, includes T-shirt
Max: 30 participants
Scholarships available

SESSION 2

Boys & Girls ages 7 - 17 (no exceptions)

Site: Delaware Park, McMillan Courts
Date: Weeks of 7/9, 7/16, 7/23, 7/30, 8/6 & 8/13
Days: Tuesday, Wednesday, Thursday
Time: 10:15 am - 11:45 am
Fee: \$25.00 per week, includes T-shirt
Max: 30 participants
Scholarships available

PRE-REGISTRATION IS REQUIRED

Please complete the Registration and REQUIRED Client Characteristic form FOR THE PARTICIPANT - NOT THE PARENT and return to: PAL, 65 Niagara Sq. - 21st Floor, Buffalo, NY 14202. You will receive a confirmation when enrolled. Please send registration form with letter stating hardship circumstances if requesting scholarship.

Name _____ Phone _____

Address _____ City _____ Zip _____

Date Of Birth _____ Age _____ male female

Email address _____

School _____ Grade _____

Emergency Contact _____ Phone _____

In consideration of my child(ren)'s participation in the programs sponsored by the Police Athletic League of Buffalo (PAL), the undersigned hereby agrees not to sue, and hereby releases the PAL, its Board of Directors, members, agents, employees and volunteers from any and all liability for any damage or injury to me/my child(ren) or to the property, sustained by me/my child(ren) caused or resulting from any cause whatsoever. I also acknowledge that I assume all risk of injury from such participation in activities at any PAL facility or other program site and acknowledge that photographs of my child(ren) participating in this program may be used for promotion of PAL activities. By signing this release, I swear my/their participation in the intended use of the facility or program by me/my child(ren).

Parent or Guardian (please print) _____

Parent or Guardian Signature _____

Please indicate the week(s) and time that you would like to register for:

- | | | | | | | | |
|---------------------------------|-------------------------------------|-----------|---|---------------------------------|-------------------------------------|-----------|---|
| <input type="checkbox"/> 7/09 @ | <input type="checkbox"/> 8:30-10 am | OR | <input type="checkbox"/> 10:15-11:45 am | <input type="checkbox"/> 7/30 @ | <input type="checkbox"/> 8:30-10 am | OR | <input type="checkbox"/> 10:15-11:45 am |
| <input type="checkbox"/> 7/16 @ | <input type="checkbox"/> 8:30-10 am | OR | <input type="checkbox"/> 10:15-11:45 am | <input type="checkbox"/> 8/06 @ | <input type="checkbox"/> 8:30-10 am | OR | <input type="checkbox"/> 10:15-11:45 am |
| <input type="checkbox"/> 7/23 @ | <input type="checkbox"/> 8:30-10 am | OR | <input type="checkbox"/> 10:15-11:45 am | <input type="checkbox"/> 8/13 @ | <input type="checkbox"/> 8:30-10 am | OR | <input type="checkbox"/> 10:15-11:45 am |

FOR MORE INFORMATION
716-851-4615
buffalopal.com



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