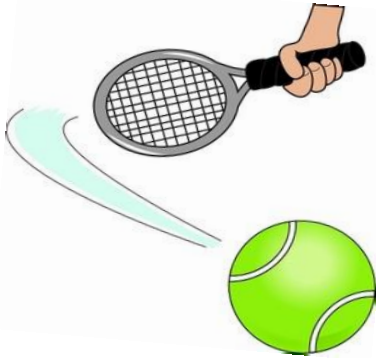


2018 Summer Recreation Evening Programs



GREAT NECK PUBLIC SCHOOLS
72st Annual
**SUMMER RECREATION
 EVENING PROGRAMS**

Seventh to Twelfth Grade



Monday, July 9, 2018 to Thursday, August 2, 2018

Badminton - Tennis

Programs are instructional and will help students improve skills while in a structured and recreational setting. All activities are co-ed and open to Great Neck School District resident students in Grades 7 – 12.

** In case of inclement weather, the tennis class will be moved indoors.

No bus transportation is provided to/from the Evening Programs.

Program Schedule:

4-weeks, 8 sessions

Fee - \$55.00 for each activity

<u>Activity</u>	<u>Dates</u>	<u>Time</u>	<u>Location</u>
Badminton	7/9 – 8/1 Mon. & Wed.	6:30-8:00 pm	South High School – Main Gym
Tennis**	7/9 – 8/1 Mon. & Wed.	6:30-8:00 pm	South High School – Courts
Tennis**	7/10 – 8/2 Tue. & Thur.	6:30-8:00 pm	North Middle School -- Courts

Great Neck Board of Education

Ms. Barbara Berkowitz, President
 Mr. Donald L. Ashkenase, vice President
 Ms. Donna Peirez
 Ms. Rebecca Sassouni
 Mr. Jeffrey Shi

Great Neck Public Schools

Recreation Department
 345 Lakeville Road
 Great Neck, NY 11020
 516-441-4045
 Fax 516-441-4066
rec.phipps@greatneck.k12.ny.us
<http://www.greatneck.k12.ny.us>

Superintendent of Schools

Dr. Teresa Prendergast

District Director of Recreation and Athletics

Mr. David Zawatson

District Recreation Supervisor

Mr. Joseph Loria

** The operation of the Summer Recreation Program is contingent on the passage of the school district budget.

The 2018 school budget vote will be held on Tuesday, May 15, 2018.

Registration Form

Summer Evening Programs 2018

Fill out and return registration with fee to:

Great Neck Summer Recreation Program
Phipps Administration Building, Rm. 21
345 Lakeville Road, Great Neck, NY 11020

PLEASE PRINT:

Student's Name _____ School _____ Grade Sept. 2018 _____

Address _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Alternate Contact Name _____ Phone # _____

Medical/Health Concerns _____

Physician's Name _____ Phone # _____

Parent/Legal Guardian Signature _____ Date _____

**Please make checks/money orders payable to:
"Great Neck Public Schools"**

Fee - \$55.00 for each activity

Check off program(s) you are registering for:

Monday & Wednesday at South High School

Tuesday & Thursday at North Middle School

Badminton

Tennis

Tennis

Total fee amount: \$ _____

Credit Card Information:

Credit Card Number:

() VISA () MasterCard

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Expiration date: _____

Cardholder's Name (as it appears on credit card) _____

Signature* _____ *Authorizes 2% credit card transaction fee.

REGISTRATION INFORMATION:

NO REFUNDS after Friday, June 1, 2018.

A \$10.00 processing fee will be deducted from refund.

In the event of program cancellation due to low enrollment, a full refund will be issued.

For additional inquires: contact the Recreation Office at 441-4045.

(Office Use Only)

Payment Total _____ Check # _____ MC/VISA _____ Receipt # _____