

# Adult Pickleball Lessons

Adults and teens ages 16 and older, would you like to try Pickleball? It's a game played on a court similar to a tennis court, where players hit a Wiffle Ball with a paddle that is slightly bigger than a ping-pong paddle. Learn the skills and rules of this fun sport for two to four players and discover why Pickleball is currently the fastest-growing sport in America. Sessions are open to all skill levels. Equipment provided. Programs are run by RevSports staff.

## Wednesdays, April 10-May 1

121502-A1 5-5:55 p.m.  
121502-A2 7:30-8:25 p.m.

## Wednesdays, May 8-29

121502-B1 5-5:55 p.m.  
121502-B2 7:30-8:25 p.m.

## Wednesdays, June 5-July 10 (no class 6/19,7/3)

121502-C1 5-5:55 p.m.  
121502-C2 7:30-8:25 p.m.

## Wednesdays, July 17-August 7

121502-D1 5-5:55 p.m.  
121502-D2 7:30-8:25 p.m.

Meadow Lake Elementary courts, 8525 62nd Ave N  
**Fee:** \$67 Residents of New Hope, Brooklyn Center,  
Crystal and Robbinsdale  
\$74 Nonresidents

### Register:

New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55428  
763-531-5151

**Online:** [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)



Refunds, program credits or transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds will be given when accompanied by a doctor's written verification. All refunds are subject to a \$10 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card. **Questions?** Call 763-531-5151.

## Adult Pickleball Lessons - Spring/Summer 2024

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Activity/Session \_\_\_\_\_ Dates/Time \_\_\_\_\_ Fee Enclosed \$ \_\_\_\_\_

Email \_\_\_\_\_

I authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, the participant's name, address and phone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations. I agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the city for promotional materials.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Am Ex/Discover/MC/Visa \_\_\_\_\_ Exp Date \_\_\_\_\_ Zip Code \_\_\_\_\_