

ADDITIONAL PROGRAM OPPORTUNITES AVAILABLE TO KENDALL YOUTH

Community Martial Arts of W.N.Y.
 Instructor: Christopher Gonnoud @ 352-9132
 Offered on Thursday Evenings in Kendall:
 Ages 11 & Under, 6-6:45pm
 Ages 12 & Over, 7-8pm

Open Family Swim & Swim Classes
 Swimming @ SUNY Brockport February - April
 Registration: Wednesday, January 27 6pm-8pm
 At Kendall Town Hall
 For additional information, contact Barbara Flow @ 659-9184

2010 SUMMER CAMPS

Kendall Elementary and Kendall Jr/Sr High School

<u>CAMP/PROGRAM</u>	<u>DIRECTORS</u>	<u>PARTICIPANTS</u>	<u>DATES</u>
Baseball Camp - Eagles	Tige Noni	Grades 4 - 8 9:00 a.m. - 11:30a.m. Grades 9 - 12 Noon - 2:30 p.m.	July 13-16
Basketball Camp - Eagles	Justin Laureano	Grades 3 - 6 9:00 - 11:00 a.m. Grades 7 - 12 12 noon - 2:30 p.m.	July 19-23
Cheerleading Camp	Joanne Rutland	Grades 2 - 6 9:30 a.m. - 12 noon	August 9-12
Cheerleading Camp-COA	Joanne Rutland	Grades 7 - 12	July 5-8
Gymnastics Camp	Joanne Rutland	Grades K - 2 9:30 -11:30a.m. Grades 3 - 6 11:30 a.m. - 1:30p.m.	August 16-19
Eagles Soccer Camp	Joe Canale	Grades 6 - 9 8:30 a.m. - 11:30p.m. Grades 10 - 12 12:30 p.m. - 3:30p.m.	August 2-5
Tennis Camp	David Heffron	Grades 5 - 12 Times to be determined	July 26-30
Volleyball Camp	Kim McCormick	Grades 7 - 12 9:00 a.m. - 12 noon	August 9 - 13

YOUTH PARTICIPATION OPPORTUNITY FUND

It is the goal of the Kendall Recreation Department to make programs available to all interested youth. In the event that your child is unable to participate due to difficult financial circumstances, please be aware that there are limited funds available to families with this need through our Youth Participation Opportunity Fund (monies provided by generous local organizations/ individuals). If you are interested in pursuing this assistance, please complete the information below and return this form to the following address:

Barbara Flow, Recreation Director
 Kendall Town Hall
 1873 Kendall Road
 Kendall NY 14476

Sport for which Assistance Requested:

Child's Name: _____ Age: _____ Grade: _____

Address: _____ Town: _____

Phone: _____ E-mail: _____

Signature of Parent Requesting Assistance: _____