

JUNIOR TENNIS SUMMER CAMPS

REGISTRATION FORM

Child's Name: _____

Address: _____

Phone #: _____ Member #: _____ Child's D.O.B: _____

Emergency Contact: _____ Phone #: _____

Pertinent Medical Information: _____

Summer Tennis Camp Ages 7 - 13 (minimum 4 per session) _____

Residents: \$125 week / \$40 per day | Non-Residents: \$130 week / \$45 per day

When: Monday - Thursday 8:30 - 9: AM | Consists of 2 hours of tennis instruction and games followed by 1 hour of swim.

WEEK:

Session 1: June 12 – 15 _____

Session 2: June 19 – 22 _____

Session 3: June 26 – 29 _____

Session 4: July 10 – 13 _____

Session 5: July 17 – 20 _____

Session 6: July 24 – 27 _____

Session 7: July 30 – August 3 _____

Session 8: August 7 – 10 _____

DAILY:

M__ T__ W__ TH__

M__ T__ W__ TH__

M__ T__ W__ TH__

M__ T__ W__ TH__

M__ T__ W__ TH__

M__ T__ W__ TH__

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