



USTA ORGANIZATIONAL MEMBER

TENNIS CLINICS

June 30 through August 8, 2008

Jay DeSanto, Tennis Program Director

www.waverlycomm.org

Name _____ Age _____

Address _____

Phone (day) _____ (evening) _____ Email _____

TENNIS CLINICS REGISTRATION FORM

CLINICS: CHILDREN • SIX WEEKS • MONDAY through FRIDAY

Beginners 1-2 pm Advanced Beginner 2-3 pm Intermediate 3-4 pm

DATE	BEGINNER	ADVANCED BEGINNER	INTERMEDIATE	FEE
June 30-Jul 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$42.00
July 7-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
July 14-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
July 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
July 28-Aug 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
Aug 4-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
TOTALS	_____ +	_____ +	_____ =	_____

Send your child with sunscreen, water and sneakers!

If your child attends Comm Camp from 9 a.m. to 1 p.m., he or she will be taken to the Tennis Clinic.

PRIVATE & SEMI-PRIVATE LESSONS* REGISTRATION FORM FOR CHILDREN & ADULTS

PRIVATE: 1 hour — \$20; ½ hour — \$12 ♦ SEMI-PRIVATE: 1 hour — \$12 per person

**PRIVATE LESSONS* AVAILABLE: Monday, Wednesday & Friday 9 am to 12 noon and late afternoon.
Tuesdays and Thursdays following the clinics.**

NAME: _____ PHONE #: _____

EMAIL: _____ **Tennis Program Director, Jay DeSanto will contact you to schedule lessons.**

**Offered as soon as courts are done.*

Private, 1 hour Private, ½ hour Semi-Private, 1 hour

Total Number of Lessons: _____ **Total Amount Due:** _____

Make checks payable to: **Waverly Community House**

RELEASE: (All participants and, if under 18, participant's parent/guardian must sign.)

I/we do not, will not hold any individual associated with The Waverly Community House, its employees, Board of Trustees, Volunteers or Abington Township, responsible for any accident or injury incurred by my child while participating in the Tennis Clinics

Participant's Signature: _____

Parent/Guardian Signature (if participant is under 18): _____