

TENNIS CLINICS

June 28 through August 6, 2010

Jeffrey J. DeSanto, Tennis Program Director

www.waverlycomm.org

Name _____ Age _____

Mother _____ Father _____

Address _____

Phone (day) _____ (evening) _____ Email _____

TENNIS CLINICS REGISTRATION FORM

CLINICS: CHILDREN • SIX WEEKS • MONDAY through FRIDAY

DATE	BEGINNERS 1-2 pm BEGINNER	ADVANCED BEGINNER 2-3 pm ADVANCED BEGINNER	INTERMEDIATE 3-4 pm INTERMEDIATE	FEE
June 28-Jul 2				\$50.00
July 6-9				\$42.00
July 12-16				\$50.00
July 19-23				\$50.00
July 26-30				\$50.00
Aug 2-6				\$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 — \$22; ½ hour — \$12 ♦ SEMI-PRIVATE: 1 hour — \$15 per person

Monday through Friday from 9 am to 12 noon and 4 to 5 pm.

NAME: _____ PHONE #: _____

PARENT'S NAME: _____ EMAIL: _____

Tennis Program Director, Jeff DeSanto will contact you to schedule lessons.

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): _____