

# **SUMMER TENNIS CLINICS**

#### **OPEN TO**

BOYS & GIRLS 6-17 YEARS OLD

#### WEEKLY CLINICS

JUNE 17-21 10:30 AM - 2:00 PM JUNE 24-28 10:30 AM - 2:00 PM JULY 8-12 10:30 AM - 2:00 PM JULY 15-19 10:30 AM - 2:00 PM

## **MONDAY-FRIDAY**

MEMBERS \$325 NON MEMBERS \$375

### REQUIREMENTS

- Tennis Racquet
- · Tennis Shoes
- Water or Sports Drink

For any questions contact

**COACH JAMES JENSEN** 

808-214-8004

James@pierpontrc.com

PLEASE COMPLETE THE INFORMATION BELOW AND SUBMIT WITH PAYMENT				
Circle Session/s 10:30AM-2:00PM	JUNE 17-21	JUNE 24-28	NJULY 8-12	JULY 15-19
Player's Name			Age	
Parent/Guardian Name	Contact #			
Address				
Email				
Method of Payment Member #	Check	# Amo	unt C	ash
Please complete one registration per child and payment upon registration. There are no refunds or make-up days. Waivers required for all participants prior to summer clinics.				
As the parent or guardian of the above named child, I hereby acknowledge that I have completed a minor waiver prior to registration for this session. I also give my permission to us any photographs related to this program that may have my child in them, for use in club promotional materials.				
Parent/Guardian Signature			Date	