

# ROYAL PALM TENNIS CLUB

305-661-3350

## AFTER SCHOOL CLINICS 2017-2018

**SCHEDULE:**

|            |   |                        |
|------------|---|------------------------|
| Wed/Fri:   | 3:30-4:30 (Tiny tots ages 5-8, total beginners) ..... | <b>\$20 per clinic</b> |
| Wed/Fri:   | 4:30-6:00 (Beginners learning to rally) .....         | <b>\$30 per clinic</b> |
| Tues/Thurs | 4:00-6:00 (Intermediate, & advanced players) .....    | <b>\$40 per clinic</b> |
| Mon-Fri:   | 4:00-6:30 (Junior Academy players) .....              | <b>\$50 per clinic</b> |
| Mon-Fri:   | 4:00-6:30 (Academy tournament players) .....          | <b>\$50 per clinic</b> |
|            | * 4:00-6:00 (no fitness on Friday) .....              | <b>\$45 per clinic</b> |

**REGISTRATION POLICY:**

All students must enroll in advance so that the Pro Staff can plan the number of courts and instructors needed. To register please complete the form below, circle attendance dates on calendar and submit with appropriate payment amount. Non-member participation is restricted.

**PAYMENT PROCEDURE:**

Please make all checks payable to **ROYAL PALM TENNIS CLUB**. Payment must be made in advance prior to attending any clinics, or day of class. ***Classes not paid for timely are subject to a late fee.*** We will allow **only one** credit for absence due to sickness/injury per month and you **must call** to notify us. Additional credit will only be given in the event that clinic is cancelled due to bad weather. There will be no cash refunds. Credits can only be used for a make-up day in the following month.

**PLEASE REMEMBER TO WEAR ALL WHITE TENNIS ATTIRE, CORRECT TENNIS SHOES AND TO BRING YOUR RACKET.**

-----REGISTRATION FORM-----

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Aug/Sept 2017**

Circle dates you will be attending:

CLINIC:    TT    BG    INT    AC    JrAC

CHECK NO.    \_\_\_\_\_

DATE    \_\_\_\_\_

AMOUNT    \$ \_\_\_\_\_

| M  | T  | W  | T  | F  |             |
|----|----|----|----|----|-------------|
| 21 | 22 | 23 | 24 | 25 | No TT/BG    |
| 28 | 29 | 30 | 31 | 1  | All Clinics |
| xx | 5  | 6  | 7  | 8  |             |
| 11 | 12 | 13 | 14 | 15 |             |
| 18 | 19 | 20 | 21 | 22 |             |
| 25 | 26 | 27 | 28 | 29 |             |

Non-Member