Name Age

Parent/Guardian

Phone\_\_\_\_\_\_ Alt Phone \_\_\_\_\_\_

Email \_\_\_\_\_

T-Shirt Size Child: M, L, XL; Adult: S, M, L, XL (please circle appropriate size)

Please check off session and class registered for:

**Tuesday- Thursday PM Junior Clinics:** 

First Session: June 18 thru July 11\*. \_\_\_\_\_ Second Session: July 16 thru August 1. \_\_\_\_\_

12:30-2:00 pm Tennis Basics \_\_\_\_\_ 12:30-2:00 pm Tennis Futures \_\_\_\_\_ 12:30-2:00 pm Tournament Training \_\_\_\_\_

Monday-Wednesday PM Junior Clinics:

First Session: June 17 thru July 10\*. \_\_\_\_\_ Second Session: July 15 thru July 31. \_\_\_\_\_

12:30-2:00 pm Junior Aces \_\_\_\_\_ 2:00-3:30 pm Hot Shots \_\_\_\_\_

Previous instruction and playing experience: \_\_\_\_\_

**Cost:** \$150 for one session (6 lessons), \$285 for two sessions (12 lessons) if paid in full at the time of registration, check payable to Joe McNulty

\* There will be no classes the week of July 1-4.

For both groups, students register by making out a check to Joe McNulty and sending it with this registration form to Kathleen McKenna at 608 Highland Ave, Clarks Green, PA 18411 Junior clinics are non-refundable and non-transferable. Students will be admitted to the classes in the order in which their checks are received.

RELEASE: (Parent/Guardian must sign)

I/we will not hold any individual associated with the Scranton Tennis Club, its pro and his staff, any volunteers, or its Board of Directors responsible for any accident or injury incurred by my child while attending the Scranton Tennis Club.

Parent/Guardian signature: \_\_\_\_\_\_ Amount

Remitted: Cost of Clinic(s) \$\_\_\_\_\_ less: value of coupons: \$\_\_\_\_\_= \$\_\_\_\_\_