

JUNIOR TENNIS CLINIC APPLICATION

For juniors aged 7 to 13

At the FENELON FALLS TENNIS CLUB

Sessions run by Grace Ellery

Name: _____ Phone: _____

Played tennis before? Yes _____ No _____ E-mail: _____

Age: _____

Please select clinic dates signing up for:

July 6 – 10 _____

August 10 – 14 _____

July 13 – 17 _____

August 17 – 21 _____

July 20 – 24 _____

August 24 – 28 _____

July 27 – 31 _____

All clinics will run from 2:00 – 4:00 PM

Fee:

Member Price \$60/week

Non-member Price \$80/week

Enquiries about the clinics should be directed to:

Grace Ellery Phone: 705.821.1199

E-mail: grace.ellery@outlook.com

Connie Ellery Phone: 705.878.2834

E-mail: cd_ellery@hotmail.com

Please make cheques payable to **Grace Ellery**

Name of Parent/Guardian _____ Phone: _____

Address: _____

I hereby consent as a Parent/Guardian for my child to participate in the above clinic(s)

Signature of Parent/Guardian _____ Date: _____