

Ridge Top 2010 Fall Tennis Clinic Schedule
September 13th - November 17th (10 week session)

Pat Anderson will be conducting clinics for children and adults this Fall at Ridge Top. ***Ridge Top members will have first priority to reserve a space in the clinic until August 20, 2010. Space will be limited.*** Registration will then be expanded to non-members so that Pat has an opportunity to fill up the clinics. Anyone wishing to register after the deadline date, will pay a late registration fee of \$10.00 in addition to the registration fee. If you have any questions please email Sara Dickey sara.dickey@hotmail.com or call **Pat Anderson at 477-4720** **there** will be no refunds after clinics begin.

The deadline for Session registration applications is Friday, September 10th, 2010

Fall Tennis Clinic Schedule

Monday:	3:00pm-3:30pm	Tiny Tots Beginner (4-7 y.o.)
	3:30pm-4:00pm	Tiny Tots Intermediate (4-7 y.o.)
	4:00pm-5:00pm	Child Intermediate (7-11 y.o.)
	5:00pm-6:00pm	Intermediate Girls Team Practice (13 and up)
	6:00pm-7:00pm	Adult Intermediate Men (3.0-3.5 rating)
Tuesday:	3:00 –4:00pm	Child Advanced (Boys and Girls 7-11 y.o.)
	4:00-5:00pm	Child Intermediate (7-11 y.o.)
	5:00-6:00pm	Bantam Girls Team Practice
	6:00-7:00pm	Intermediate Women (3.0-3.5 rating)
Wednesday	3:30pm-4:00pm	Tiny Tot Intermediate (4-7 y.o.)
	4:00pm-5:00pm	Bantam Boys Team Practice
	6:00pm-7:00pm	Advanced Beginner Women (2.5-3.0)

2010 Fall Clinic Fee Schedule

Session I: September 13th - November 17th

Tiny Tot (half hour clinic)

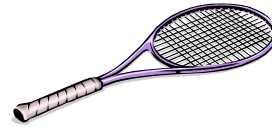
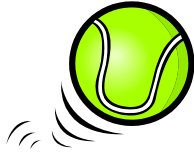
Member rate: \$75.00 Non Member Rate: \$100.00

Rate for all other Child & Adult Clinics (1 hour clinics)

Member rate: \$95.00 Non Member Rate: \$120.00

Please make checks payable to: Pat Anderson.

Note: Price reflects the fact that this is a 10 week session instead of a 6 week session. Signups are available for a shorter session at a pro-rated fee. Contact sara.dickey@hotmail.com for more information.



2010 Fall Tennis Clinic
Registration Form

Please fill out the following information to help us adequately provide quality tennis instruction. **Email address is required for registration to be processed.**

Register early to reserve your spot. Space is limited.

Please Print Neatly

Email (required): _____

Parent/Guardian Name: _____

Address: _____ City: _____

Zip Code: _____ Phone #: _____ Cell phone: _____

Your registration will be confirmed by email. This is also how you will know clinics are cancelled in case of bad weather.

Clinics:

Participant's Name	Time/Day	Clinic Name	Age (child)	Clinic Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Amt. _____

No refunds will be given after clinics begin.

Does your child have any medical conditions that we should be aware of? _____

If yes, please explain below.

Additional comments or Questions:

Please **mail** this form and your registration fee to:

Sara Dickey
1 N. Ridge Road
Richmond, VA 23229

Please make checks payable to: Pat Anderson

Return check fee \$35. No refunds will be given after clinics start.

If you have questions or concerns please contact Sara Dickey at: sara.dickey@hotmail.com