

Ridgetop 2019 Fall Tennis Clinic Schedule
Clinic Dates September 9th - October 30th
8 Week Session



Pat Anderson will be conducting clinics for children and adults this Fall at Ridgetop. Dateline for registration is September 4, 2019. **Space will be limited.** Email confirmations will be sent the week prior to clinics starting.

****NO REFUNDS will be issued after each session begins.****

Fall 2019 Tennis Clinics

<u>Monday</u>	3:30-4:00 pm	Tiny Tot (4-7 y.o.)
	4:00-5:00 pm	Child Intermediate (7-11 y.o.)
	5:00-6:00 pm	Intermediate Co-ed Team
	6:00-7:00 pm	Adv. Beginner Co-ed (2.5-3.0 rating)
<u>Tuesday</u>	4:00-5:00 pm	Child Intermediate (7-11 y.o.)
	5:00-6:00 pm	Bantam Girls Team Practice (12 and under)
	6:00-7:00 pm	Adult Co-ed Cardio
<u>Wednesday</u>	4:00-5:00 pm	Bantam Boys Team Practice (12 and under)
	5:00-6:00 pm	Junior Elite Co-ed
	6:00-7:00pm	Adult Intermediate Women (3.0-3.5 rating)

If you have any questions about clinics please email **Sara Anderson** at sara.dickey@hotmail.com or call **Pat Anderson @ 477-4720**

Tiny Tot (half hour clinic)

Member Rate: \$88.00 Member-Guest Rate: \$103.00

Rate for All other Child and Adult Clinics

Member Rate: \$100.00 Member-Guest Rate: \$115.00

Contact sara.dickey@hotmail.com for more information

Please make checks payable to: **Ridgetop Recreation Association**



2019 Ridgetop 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. If you do not provide your email you registration we are not able to register you or your child. If you are late signing up for clinics, there will be a delay in receiving important clinic email.**

Register early to reserve your spot. Space is limited.

Please Print Neatly

Email (required): _____
 Parent Name: _____
 Address: _____ City: _____
 Zip Code: _____ Phone #: _____ Cell phone: _____

Your registration will be confirmed by email so please check your email in case the clinic you signed up for is full. If clinic is not full, times may change. This is also how you will know clinics are cancelled in case of bad weather.

Clinics:

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

Total Amt. _____

NO REFUNDS will be issued after each session begins.

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 Anderson
1 N. Ridge Road
Richmond, VA 23229

Please make checks payable to: Ridgetop Recreation Association

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

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