

# Ridgetop 2019 Spring Tennis Clinic Schedule

## 8 Week Session

March 18<sup>th</sup> - May 15<sup>th</sup>, 2019

*No clinics the week of April 1<sup>st</sup> - April 3<sup>rd</sup>.*



**Pat Anderson** will be conducting clinics for children and adults this spring at Ridgetop. He will be assisted by University of Richmond Head Coach, Houston Barrick and Leslie Upson. Registration deadline is March 11<sup>th</sup>. **Clinics fill quickly. Register early to receive your preferred day and time. Due to the popularity of clinics, spots will not “be held” without payment.** Email confirmations will be sent the week prior to clinics starting.

\*\* NO REFUNDS WILL BE ISSUED AFTER THE SESSION BEGINS. \*\*

## Spring 2019 Tennis Clinics

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

## Rates

### Tiny Tot ( half hour clinic)

Member rate: \$88.00

Member-Guest Rate: \$ 103.00

### All other Child and Adult Clinics

Member rate: \$100.00

Member-Guest Rate: \$ 115.00

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

If you have questions or concerns please contact **Sara Anderson** at: [sara.dickey@hotmail.com](mailto:sara.dickey@hotmail.com) or

**Text Pat Anderson** at **(804) 477-4720**



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## Registration Form

Please fill out the following information to help us provide quality tennis instruction. **Email address is required for registration to be processed.** Late registration will cause a delay in receiving important clinic information.

**Register early to reserve your spot. Spaces are limited.**

Email (required): \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Your registration will be confirmed by email so please check your email in case the clinic you requested is full. If a clinic is does not meet minimum enrollment, times may change. Email is used to cancel/reschedule clinics in case of bad weather.**

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

Does your child have any medical conditions/allergies that we should be aware of? \_\_\_\_\_  
If yes, please explain below.

Additional comments: \_\_\_\_\_

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](mailto:sara.dickey@hotmail.com) or  
**Text Pat Anderson** at **(804) 477-4720**