

# Ridgetop 2021 Summer Tennis Clinic Schedule

## **6 Week Session** **June 29th - August 5, 2021**



Pat Anderson will be conducting clinics for children and adults this Summer at Ridgetop. **Sign up deadline is June 20th.** Pat will be assisted by University of Richmond Men's Head Coach, Houston Barrick and top College Players.

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

Tuesday	9:30-10:00 am	Tiny Tots (4-6 y.o.)
	10:00-11:00 am	Child Intermediate (7-10 y.o.)
	5:00-6:00 pm	Bantam Girls Clinic (12 & under)
	6:00-7:00 pm	Adult Co-ed Cardio Clinic
Wednesday	9:00-10:00 am	Ladies Daytime Clinic
	5:00-6:00 pm	Intermediate Co-ed Clinic (16 & under)
	6:00-7:00 pm	Junior Elite Clinic
Thursday	9:30-10:00 am	Tiny Tots (4-6 y.o.)
	10:00-11:00 am	Child Intermediate (7-10 y.o.)
	5:00- 6:00 pm	Bantam Boys Clinic (12 & under)
	6:00-7:00 pm	Ladies Clinic

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

### **Tiny Tot (half hour clinic)-**

**Member Rate: \$75.00**

**Guest Rate: \$95.00**

### **Rate for All other Child and Adult Clinic-**

**Member Rate: \$90.00**

**Guest Rate: \$110.00**

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



# 2021 Ridge Top Summer Tennis Clinic



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, we will not be able to register you or your child.**

**Register early to reserve your spot. Space is limited. Spots will not be held by email request.**

**Please Print Neatly**

Email \_\_\_\_\_

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

Address \_\_\_\_\_

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**

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