



1115 North Abington Road  
Waverly, Pennsylvania 18471  
570.586.8191

[www.waverlycomm.org](http://www.waverlycomm.org)

# TENNIS@ THE WAVERLY COMM



SUMMER 2018 TENNIS PROGRAMS

JUNE 25TH  
THROUGH  
AUGUST 3RD  
2018

TEAM  
TENNIS  
INSTRUCTION:  
CLINICS-LESSONS

# SUMMER 2018 TENNIS PROGRAMS at the Waverly Community House



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## TENNIS CLINICS REGISTRATION FORM

Clinic Instructors: Team Instruction by High School Tennis Team Players and Instructors

Beginners 1-2 pm Fee: \$60.00

Advanced Beginner 2-3 pm Fee: \$60.00

Intermediate NEW! Round Robin Format  Yes! Contact me about this new program format!

DATE	BEGINNER	ADVANCED BEGINNER	
June 25 - June 29	<input type="checkbox"/>	<input type="checkbox"/>	
July 2 - July 6	<input type="checkbox"/>	<input type="checkbox"/>	
July 9 - 13	<input type="checkbox"/>	<input type="checkbox"/>	
July 16 - 20	<input type="checkbox"/>	<input type="checkbox"/>	
July 23 - 27	<input type="checkbox"/>	<input type="checkbox"/>	Total Payment:
July 30 - Aug 3	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Please send your child with sunscreen, water and sneakers! If your child attends Comm Camp, he/she will be taken to and from the Tennis Clinic and may stay for extended Camp till 3pm. Please register at the Comm and make checks payable to: Waverly Community House

## YOUTH + ADULT PRIVATE, SEMI-PRIVATE LESSONS REGISTRATION FORM

Monday through Friday from 9 am to 12 noon and 4 pm to 5 pm

**PRIVATE:** 1 hour — \$40; 1/2 hour — \$20 • **SEMI-PRIVATE:** 1 hour — \$22 per person

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Email \_\_\_\_\_

The Tennis Program Director will contact you to schedule lessons.

Total Number of Lessons: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_

Make checks payable to: Waverly Community House

RELEASE: (All participants and, if under 18, participant's parent/guardian must sign.) I/we do not, will not hold any individual associated with The Waverly Community House, its employees, Board of Trustees, Volunteers or Waverly Township, responsible for any accident or injury incurred by my child while participating in the Tennis Clinics

Participant's Signature:

\_\_\_\_\_

Parent/Guardian Signature (if participant is under 18):

\_\_\_\_\_



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