



PO Box 142
Waverly PA 18471
570-586-8191

SUMMER 2021 TENNIS PROGRAMS

At the Waverly Community House

June 21 through July 30, 2021

Team Tennis Instruction

Name _____ Date of Birth _____

Parent/Guardian: _____

Address _____

Phone _____ Alternate Phone _____

Email _____

TENNIS CLINICS REGISTRATION FORM

Clinic Instructors: Team Instruction by Rory Harris and Audrey Phillips

Beginners 1-2 pm
Fee: \$60.00

Advanced Beginner 2-3 pm
Fee: \$60.00

DATE	BEGINNER	ADVANCED BEGINNER	ATTENDING COMM CAMP THIS	\$60/WEEK
June 21-June 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
June 28-July 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 12 -16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total Payment _____

Please send your child with sunscreen, water and sneakers!

If your child attends Comm Camp, he/she will be taken to the Tennis Clinic and remain with Tennis until pick up.
Please register online or at the Comm and make checks payable to Waverly Community House.

YOUTH and ADULT PRIVATE and SEMI-PRIVATE LESSONS REGISTRATION FORM

PRIVATE: 1 hour — \$40; ½ hour — \$20 ♦ SEMI-PRIVATE: 1 hour — \$22 per person

Name: _____ Phone #: _____

Parent's name (if under 18): _____ Email: _____

Total Number of Lessons: _____ Total Amount Due: _____

Make checks payable to: Waverly Community House. The Tennis Program Director will contact you directly to schedule private lessons. Payment due in advance to the Comm office.

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): _____

