



# 2026 Junior Tennis Camps

The York Golf and Tennis Club

62 Organug Road, York ME 0 207.363.4752 www.YorkGolfandTennis.com

## Summer Camps

Camps run weekly Tuesday, Wednesday, Thursday, 11:30am-3:00pm

Please select  
Age group: YGT Camp for Ages 6-10   
YGT Camp for Ages 11-17

### Sessions:

### Member:

### Non-Member:

Session 1:	6/16 - 6/18	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>
Session 2:	6/23 - 6/25	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>
Session 3:	6/30 - 7/2	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>
Session 4:	7/7 - 7/9	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>
Session 5:	7/14 - 7/16	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>
Session 6:	7/21 - 7/23	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>
Session 7:	7/28 - 7/30	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>
Session 8:	8/4 - 8/6	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>
Session 9:	8/11 - 8/13	\$195	<input type="checkbox"/>	\$220	<input type="checkbox"/>

**Lunch must be prepaid \$30 per week x \_\_\_\_\_ weeks Total \$ \_\_\_\_\_**

### Total Camp Plus Lunch:

### Payment Information

Member Number:

Checks are payable to NLTD.

Payment may be mailed to NLTD PO Box 5, Eliot, ME 03903

Credit card information Number:

Exp:

Participant Name:

Birthdate:

Age:

Level of play:

Health or Other Concerns:

Parent/Guardian:

Phone:

Email:

Mailing Address:

**Waiver Agreement:** I waive, release, and forever discharge NLTD, YGTC, the staff, or representatives from all rights and claims for damages, injuries, or illness which may be sustained or occur during participation of all clinics, camps programs, and tennis activities.

Signed:

Date: