



# 2026 Junior Tennis Clinics

York Golf and Tennis Club – Kris Elien, Tennis Director  
 62 Organug Road York ME 03903 207-363-4752 YorkGolfandTennis.com

## Spring Clinics

<b>7 Weeks</b> <i>Begins April 27</i>	Ages 4-6 years	Monday 3:00-3:30	\$97	<input type="checkbox"/>
	6-10 years	Monday 3:30-4:30	\$145	<input type="checkbox"/>
		Tuesday 4:30-5:30	\$145	<input type="checkbox"/>
		Wednesday 3:30-4:30	\$145	<input type="checkbox"/>
11-16 years	Tuesday 3:00-4:30	\$187	<input type="checkbox"/>	
	Thursday 3:00-4:30	\$187	<input type="checkbox"/>	
Non-member fee \$25				<input type="checkbox"/>

## Summer Clinics

### Session:

<b>5 Weeks</b> <b>2 Sessions</b>	Ages 4-6 years	Monday and Wednesday 3:00-3:30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$118	<input type="checkbox"/>
		Monday 3:00-3:30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$77	<input type="checkbox"/>
<b>1<sup>st</sup> Begins June 15</b> <b>2<sup>nd</sup> Begins July 20</b>	6-10 years	Wednesday 3:00-3:30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$77	<input type="checkbox"/>
		Monday 3:30-4:30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$105	<input type="checkbox"/>
	11-16 years	Tuesday 3:30-4:30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$105	<input type="checkbox"/>
		Wednesday 3:30-4:30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$105	<input type="checkbox"/>
		Tuesday 3:30-5:00	<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$155	<input type="checkbox"/>
		Thursday 3:30-5:00	<input type="checkbox"/> 1	<input type="checkbox"/> 2	\$155	<input type="checkbox"/>
\$25 non-member fee						<input type="checkbox"/>

## Payment Information

### Total:

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:** \_\_\_\_\_