



# 2024 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 29</i>	Ages 4-6 years	Monday 3:00-3:30	\$97	<input type="checkbox"/>
	6-10 years	Monday 3:30-4:30	\$142	<input type="checkbox"/>
		Tuesday 4:30-5:30	\$142	<input type="checkbox"/>
		Wednesday 3:30-4:30	\$142	<input type="checkbox"/>
	11-16 years	Tuesday 3:00-4:30	\$184	<input type="checkbox"/>
		Thursday 3:00-4:30	\$184	<input type="checkbox"/>
Non-member fee \$25				<input type="checkbox"/>

## Summer Clinics

		<b>Session:</b>			
<b>5 Weeks</b> <b>2 Sessions</b>  <b>1: Begins June 17</b> <b>2: Begins July 22</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	\$70	<input type="checkbox"/>
		Wednesday 3:00-3:30	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$70	<input type="checkbox"/>
	6-10 years	Monday 3:30-4:30	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$102	<input type="checkbox"/>
		Tuesday 3:30-4:30	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$102	<input type="checkbox"/>
		Wednesday 3:30-4:30	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$102	<input type="checkbox"/>
11-16 years	Tuesday 3:30-5:00	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$152	<input type="checkbox"/>	
	Thursday 3:30-5:00	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$152	<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 382 Bolt Hill Road, 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:** \_\_\_\_\_