

Winchester Swim & Tennis Club Tennis Clinic Registration Form

Date Received: _____

Register for either one or two weeks. We can only **guarantee two clinic weeks** per child. You may request as many "Additional Week Sessions" as you would like and will be placed on a wait list for those weeks. If your First Choice weeks are full, you will automatically be placed into your "Additional Week Sessions". **Deadline for registration is Monday, May 14th.** First come, first enrolled upon receipt of registration form and payment.

Checks for \$35 per child per week should be made **payable to WSTC Tennis**. No Charge for Age 4-6 "Tot Clinic".

Please Specify Program: Ages 7-10, Ages 11+, High School Program (entering grades 9 – 12).
Mail form and check to:

Laura Keating
6 Chestnut Street
Winchester, MA 01890

I. First Choice Sessions

Child's Name	Program PLEASE SPECIFY Age group: 7-10, 11+, HS)	Session Week(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Additional Week Sessions **DO NOT yet pay for these weeks**

(If your first choices are full you will be placed in these sessions.)
If you are interested in additional sessions, please list them in order of preference.
You will be placed on a WAIT LIST and notified by the tennis pros by email if there is space prior to that week's program. Payment is required at the beginning of the additional week your child attends

Child's Name	Program PLEASE SPECIFY Age group: 7-10, 11+, HS	Session Week(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Name: _____

Email: _____ **Phone:** _____