

HOCKESSIN INDOOR TENNIS

2011 - 2012 INDOOR ADULT TENNIS CLINICS

All Tennis Clinics are supervised and directed by our USPTA Certified Professional Staff. This year our pro staff will be under the directions of Ted Bradley. Questions regarding our Tennis Program please call (302)-239-4111

*** A separate registration form is required for each applicant ***
Copies of this form may be made for additional applicants

PLEASE PRINT:

Name: _____

HIT Membership?

YES NO

E-Mail Address: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please Check Below the Clinic(s) you wish to attend:

<u>Clinic</u>	<u>Day</u>	<u>Time</u>	<u>Tuition</u>
Beginners	<input type="checkbox"/> Mondays	1:00 - 2:30 PM	<input type="checkbox"/> \$225.00
Beginners	<input type="checkbox"/> Tuesdays	11:30 - 1:00 PM	<input type="checkbox"/> \$225.00
Intermediates	<input type="checkbox"/> Mondays	11:30 - 1:00 PM	<input type="checkbox"/> \$225.00
Intermediates	<input type="checkbox"/> Thursdays	11:30 - 1:00 PM	<input type="checkbox"/> \$225.00
Intermediates	<input type="checkbox"/> Saturdays	11:00 - 12:00 PM	<input type="checkbox"/> \$225.00
Intermediates	<input type="checkbox"/> Fridays	5:30 - 7:00 PM	<input type="checkbox"/> \$225.00

There are 3-eight week Adult Clinic Sessions:

Session 1:	October 3rd - November 26th	No Classes November 24 & 27 thru December 4th
Session 2:	December 5th - February 4th	No Classes December 24th thru January 1st, 2012
Session 3:	February 13th - April 7th	& No Classes February 5th-12th

Thursday Nov. 24th make-up class will be held Thursday Dec.1st & Dec. 24th make-up is Dec. 31st

For a description of the clinics go to www.HockessinIndoorTennis.net. Click on clinic descriptions.

Payment in full in cash or by check is required with each registration. Due to limited space, clinic fees are non-refundable or transferable. **Note:** If HIT is closed, make-ups for missed clinics will be rescheduled. Illness make-ups require a doctors note provided space is available in the session.

Signature: _____

Printed Name: _____

Please mail registration form with payment to:

**Hockessin Indoor Tennis, Attn: Clinic Registration
4101 Newport Gap Pike, Wilmington, DE, 19808**