



Adult Clinic Program Summer 2009

Website: www.madisonracquet.com

E-mail: madisonracquet@aol.com

Phone Number: 203-245-9444

16 Week Session
5-18-09 to 9-4-09

No Classes on 5-25-09

All Levels Welcome

Our Adult Clinics provide the basic fundamentals to establish a good tennis game that will last a life time.

Clinics combine instruction, drills and supervised play in a 1 1/2 hour period with an instructor on each court



MADISON RACQUET & SWIM CLUB

36 Scotland Road
PO Box 508
Madison, CT 06443

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Levels	Day & Time	Member 4 player s	Non-Member 4 player s	Mem-ber 5 player s	Non-Member 5 player s
Women's 2.5	Mon 6:30-8:00pm	\$545	\$665	\$435	\$535
Women's 2.5	Wed 8:00-9:30pm	\$545	\$665	\$435	\$535
Women's 3.0	Mon 8:00-9:30 am	\$545	\$665	\$435	\$535
Women's 3.5	Wed 6:30-8:00pm	\$545	\$665	\$435	\$535
Women's 3.5	Thurs 9:30-11:00am	\$545	\$665	\$435	\$535
Men's 3.0	Tues 6:30-8:00pm	\$545	\$665	\$435	\$535
Men's 3.5	Tues 6:30-8:00pm	\$545	\$665	\$435	\$535
Mixed 7.0	Mon 6:30-8:00pm	\$545	\$665	\$435	\$535

Minimum enrollment for clinics is 3 players. If you have a group you would like to set up together, please contact Rick Fay for additional days and times.

First Name			Home Phone	
Last Name			Work Phone	
Address			Cell Phone	
Town	State		Zip	
Email			Signature	
Birth Date			Date	
Level	<input type="checkbox"/> w2.0 <input type="checkbox"/> w2.5 <input type="checkbox"/> w3.0 <input type="checkbox"/> w3.5 <input type="checkbox"/> w4.0 <input type="checkbox"/> m2.5 <input type="checkbox"/> m3.0 <input type="checkbox"/> m3.5 <input type="checkbox"/> w4.0		Payment in full is due at time of enrollment. There will be no guaranteed make-ups, refunds, or credits for missed classes unless the class is cancelled by the club. Participation in the program is strictly at players own risk. Participant acknowledges and accepts the risks inherent in the use of club services and facilities and releases the club, together with its owners, employees, and agents from all claims or liabilities arising from such use. Participant certifies that he or she is in good health and has no physical limitations which would prevent participation and will notify the club of any changes in physical condition which would affect participation	
Day & Time	Please Write your choice clear Choice 1. _____ Choice 2. _____ Choice 3. _____			