



# Adult Clinic Program Summer 2010

Website: [www.madisonracquet.com](http://www.madisonracquet.com)

E-mail: [madisonracquet@aol.com](mailto:madisonracquet@aol.com)

Phone Number: 203-245-9444

16 Week Session

5-17-10 to 9-3-10

No Classes on 5-31-10

Make-ups 9-7 to 9-10

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



**MADISON RACQUET &  
SWIM CLUB**

36 Scotland Road  
PO Box 508  
Madison, CT 06443

Phone: 203-245-9444

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**Clinics combine instruction, drills and supervised play**

Levels	Day & Time	Member 4 players	Non- Member 4 players	Member 5 players	Non- Member 5 players
Women's 3.0	Tues 10:00-11:30 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
Women's 3.5 – 4.0	Wed 9:30-11:00 am	\$545	\$665	\$435	\$535
Men's 3.0	Mon 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 the club for additional days and times.

First Name			Home Phone	
Last Name			Work Phone	
Address			Cell Phone	
Town	State		Zip	
Email			Signature	
Level	<input type="checkbox"/> w2.0 <input type="checkbox"/> w2.5 <input type="checkbox"/> w3.0 <input type="checkbox"/> w3.5 <input type="checkbox"/> m2.5 <input type="checkbox"/> m3.0 <input type="checkbox"/> mxd 7.0		Date	
Unavailable Dates			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. Participant gives permission to the club to use photographs, film footage, or tape recordings which may include participants voice or image for the purposes of promotion or interpretation of the club's programs.	
Day & Time	Please mark your choices: Choice 1. _____ Choice 2. _____ Choice 3. _____			