

Rockcliffe Lawn Tennis Club
MAY AFTER SCHOOL TENNIS CLINICS 2010
REGISTRATION FORM

Monday May 10, 17, 31 June 7, 14, 21

4:15 pm to 6:15 pm

COST: \$25 plus TAX for each daily session

TOTAL: \$150 plus TAX for all 6 sessions

Tuesday May 11, 18, 25 June 1, 8, 15, 22

4:15 pm to 6:15 pm

COST: \$25 plus TAX for each daily session

TOTAL: \$175 plus TAX for all 7 sessions

Wednesday May 12, 19, 16 June 2,9,16,23

4:15 pm to 6:15 pm

COST: \$25 plus TAX for each daily session

TOTAL: \$175 plus TAX for all 7 sessions

Thursday May 13, 20, 27 June 3, 10, 17, 24

4:15 pm to 6:15 pm

COST: \$25 plus TAX for each daily session

TOTAL: \$175 plus TAX for all 7 sessions

Friday May 14, 21, 28 June 4, 11, 18, 25

4:15 pm to 6:15 pm

COST: \$25 plus TAX for each daily session

TOTAL: \$175 plus TAX for all 7 sessions

NAME _____ AGE _____ TELEPHONE # _____

Please make cheque payable to the Rockcliffe Lawn Tennis Club
Thank you for participating!!!!