# JUNIOR CLINIC REGISTRATION FORM

**NOTE: All payments must be given directly to the Tennis Director at the first class (cash or cheque). All cheques should be made payable to Steven Theodoropoulos.**

**Participant (full name):**_____ **Age** (as 07/2026): _____

□ Member
□ Non-member

**Please indicate the desired program based on the schedule on the next page.**

Program name:_____ (Day/time): _____

*If applicable (i.e. more than one day per week is desired)*

(Day/time): _____

***If applicable:***

**Participant 2 (full name)**:_____ **Age** (as 07/2026): _____

□ Member
□ Non-member

Program name:_____ (Day/time): _____

(Day/time): _____

***If applicable:***

**Participant 3 (full name)**:_____ **Age** (as 07/2026): _____

□ Member
□ Non-member

Program name:_____ (Day/time): _____

(Day/time): _____

**Parent name(s)**:_____

Phone number (home):_____ (work):_____ (cell):_____

*Please provide at least one contact number*

Email address: _____

## PROGRAMMING SCHEDULE*

**Session 2: Tentatively week of July 6th–Week of August 24th, 2026**
(The following two weeks will be reserved for rain make-ups, as necessary)

| | Monday | Tuesday | Wednesday | Thursday | Saturday |
|---|---|---|---|---|---|
| **Bronze** 5–7 years of age | 4:00–5:00 pm | | 4:00–5:00 pm | | |
| **Bronze** 8–10 years of age | | 4:00–5:00 pm | | | |
| **Bronze** 8–11 years of age | | | | | 10:00–11:00 am |
| **Bronze** 11 years + | | | | 4:00–5:00 pm | |
| **Silver** 5–7 years of age | | | | | 9:00–10:00 am |
| **Silver** 8–10 years of age | | | 5:00–6:00 pm | | |
| **Silver** 11 years + | | 5:00–6:00 pm | | 5:00–6:00 pm | 11:00–12 pm |

*For program descriptions, please visit [tecumsehtennisclub.com/learn/](tecumsehtennisclub.com/learn/)*

**Price (includes HST):**
Members: $230/clinic (8 weeks) Non-members: $250/clinic (8 weeks)

**Total cost of selected programming:** $_____

**Method of payment:** ◯ Cash ◯ Cheque ***(make payable to Steven Theodoropoulos)***

*Payment can be made in-person on the first day of your scheduled class*

**NOTE: Please do not issue payment until your registration has been confirmed. As spots are limited, they will be allotted on a "first come, first serve" basis**

Completion of this registration form confirms your agreement and that of the registrants to abide by the Club's Code of Conduct and to hold harmless the Club, its Directors, Officers and Teaching Professionals etc. from any injury caused in the use of the Club facilities.

☐ **I have read and agree to the above**

Signature:_____ Date: _____

**Please send your completed registration form to Steve at: clubpro.tecumsehtennis@gmail.com**

***More programming will be made available upon demand.**