Indoor Tennis at the Long Hill Community Center

908-647-1004

157 Clover Hill Road, Millington, NJ 07946

JUNIOR TENNIS CLINICS

January 4th – February 27th , 2016

(no classes 2/12-2/18/15, President's Weekend)

Ages 4 ½ -6 Beginners/Adv. Beg	Mondays	4:30-5:30pm	7 weeks	$126.00
	Tuesdays	3:30-4:30 OR 4:30-5:30	7 weeks	$126.00
	Wednesdays	3:30-4:30pm	7 weeks	$126.00
	Fridays	4:00-5:00pm	7 weeks	$126.00
	Saturdays	12:30-1:30pm	7 weeks	$126.00
Ages 6 – 8	Mondays	4:30-5:30pm	7 weeks	$126.00
Beginners/Adv. Beginners	Tuesdays	3:30-4:30 OR 4:30-5:30	7 weeks	$126.00
	Wednesdays	3:30-4:30 OR 4:30-5:30	7 weeks	$126.00
	Thursdays	4:00-5:00pm	7 weeks	$126.00
	Fridays	4:00-5:00pm	7 weeks	$126.00
	Saturdays	12:30-1:30pm	7 weeks	$126.00
Ages 9 & up	Mondays	4:30-5:30pm	7 weeks	$126.00
Beginners/Adv. Beginners	Tuesdays	4:30-5:30pm	7 weeks	$126.00
	Wednesdays	3:30-4:30 OR 4:30-5:30	7 weeks	$126.00
	Thursdays	4:00-5:00pm	7 weeks	$126.00
	Fridays	4:00-5:00pm	7 weeks	$126.00
	Saturdays	12:30-1:30pm	7 weeks	$126.00
Ages 10 & up	Mondays	5:30-6:30pm	7 weeks	$147.00
Low Intermediate/Intermediate	Tuesdays	5:30-6:30pm	7 weeks	$147.00
	Wednesdays	5:30-6:30pm	7 weeks	$147.00
	Fridays	5:00-6:00pm	7 weeks	$147.00
	Saturdays	1:30-3:00pm	7 weeks	$224.00
Ages 12 & up	Wednesdays	6:30-8:00pm	7 weeks	$224.00
Intermediate/High School	Thursdays	5:00-6:30pm	7 weeks	$224.00
	Saturdays	3:00-4:30pm	7 weeks	$224.00

Classes are filled on a first come, first serve basis and must have sufficient enrollment to run. There are no credits, refunds or make ups for missed classes or once a spot is held. **All classes are held indoors at the Long Hill Community Center, So. Warren Ave., Stirling .** Please call Rick Gavornik with any questions: (908) 647-1004.

Skyline Tennis, LLC JANUARY/FEBRUARY 2016 Registration Form

Child's Name:_____ Age:_____ Boy__ Girl___ Home Telephone #:_____

Address:_____ City:_____ Zip:_____

Email:_____ Cell Phone #_____

Level of Play: Beginner Adv. Beginner Low Intermediate Intermediate High School Level

Class you are registering for:

Day (1st choice):_____ Time:_____ Cost:_____

Day (2nd choice):_____ Time:_____ Cost:_____

Please make checks payable to: Skyline Tennis, LLC, 157 Clover Hill Road, Millington, NJ 07946

Signature of Parent/Guardian _____ *I grant my child permission to participate and release, discharge and/or otherwise indemnify Skyline Tennis, LLC its employees or representatives and the Long Hill Community Center against any claim of liability. I agree to all terms and conditions outlined above.*