

TENNIS

K

Peewee Spring Break Camp: March 18-22

Member Rates: plus sales tax

Monday, March 18	3:30-4:30 pm	(\$25 daily rate)
Tuesday, March 19	3:30-4:30 pm	(\$25 daily rate)
Wednesday, March 20	3:30-4:30 pm	(\$25 daily rate)
Thursday, March 21	3:30-4:30 pm	(\$25 daily rate)
Friday, March 22	3:30-4:30 pm	(\$25 daily rate)

Non-member fee: add \$15 Non-member rates: add \$5 per class



TENNIS

K

Developmental Spring Break Camp: March 18-22

Member Rates: plus sales tax

Monday, March 18	3:30-5:00 pm	(\$37.50 daily rate)
Tuesday, March 19	3:30-5:00 pm	(\$37.50 daily rate)
Wednesday, March 20	3:30-5:00 pm	(\$37.50 daily rate)
Thursday, March 21	3:30-5:00 pm	(\$37.50 daily rate)
Friday, March 22	3:30-5:00 pm	(\$37.50 daily rate)

Non-member fee: add \$15 Non-member rates: add \$5 per class

 Member ______
 Non-Member ______

 Name (Please print) _______
 Birth Date _______

 Address _______
 Address ________

 City _______
 State ______Zip ______

 Parent Name _______
 Parent's Cell Phone _______

 School attending ________
 Parent's Cell Phone _______

 School attending ________
 Parent Email ________

 Full payment must accompany registration form.
 Cash or check amount \$_______ Charge my: ______ Genesis Health Club Account Credit Card Issuer/Exp Date: ________

 Parent Signature: _________
 Parent Signature: ___________



TENNIS

K

Elite Spring Break Camp: March 18-22

Member Rates: plus sales tax

Monday, March 18	1:30-3:30 pm	(\$50 daily rate)
Tuesday, March 19	1:30-3:30 pm	(\$50 daily rate)
Wednesday, March 20	1:30-3:30 pm	(\$50 daily rate)
Thursday, March 21	1:30-3:30 pm	(\$50 daily rate)
Friday, March 22	1:30-3:30 pm	(\$50 daily rate)

Non-member fee: add \$20 Non-member rates: add \$5 per class

 Member ______ Non-Member ______

 Name (Please print) ______ Birth Date ______

 Address ______

 Address ______

 City ______ State _____ Zip _____

 Parent Name ______ Parent's Cell Phone ______

 School attending _______

 Parent Email _______

 Full payment must accompany registration form.

 Cash or check amount \$_____ Charge my: _____ Genesis Health Club Account Credit Card Issuer/Exp Date: ______

 Parent Signature: _______



TENNIS

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School Class

Spring Break Camp: March 18-22

Member Rates: plus sales tax

Monday, March 18	2:00-3:30 pm	(\$37.50 daily rate)
Tuesday, March 19	2:00-3:30 pm	(\$37.50 daily rate)
Wednesday, March 20	2:00-3:30 pm	(\$37.50 daily rate)
Thursday, March 21	2:00-3:30 pm	(\$37.50 daily rate)
Friday, March 22	2:00-3:30 pm	(\$37.50 daily rate)

Non-member fee: add \$15 Non-member rates: add \$5 per class

 Member ______ Non-Member ______

 Name (Please print) ______ Birth Date ______

 Address ______

 Address ______

 City ______ State _____ Zip _____

 Parent Name ______ Parent's Cell Phone ______

 School attending _______

 Parent Email _______

 Full payment must accompany registration form.

 Cash or check amount \$_____ Charge my: _____ Genesis Health Club Account Credit Card Issuer/Exp Date: ______

 Parent Signature: _______



Jr Academy / Academy

Spring Break Camp: March 18-22

Member Rates: plus sales tax

Monday, March 18	11:30-2:00 pm	(\$62.50 daily rate)
Tuesday, March 19	11:30-2:00 pm	(\$62.50 daily rate)
Wednesday, March 20	11:30-2:00 pm	(\$62.50 daily rate)
Thursday, March 21	11:30-2:00 pm	(\$62.50 daily rate)
Friday, March 22	11:30-2:00 pm	(\$62.50 daily rate)

Non-member fee: add \$25 Non-member rates: add \$10 per class

 Member ______ Non-Member ______

 Name (Please print) ______ Birth Date ______

 Address ______

 Address ______

 City ______ State _____ Zip _____

 Parent Name ______ Parent's Cell Phone ______

 School attending _______

 Parent Email _______

 Full payment must accompany registration form.

 Cash or check amount \$_____ Charge my: _____ Genesis Health Club Account Credit Card Issuer/Exp Date: ______

 Parent Signature: _______