



ADULT TENNIS CLINICS FALL 2009

These clinics will cover forehands, backhands, volleys, serves, lobs, overheads, return of serve and doubles games management skills. Clinics will focus mainly on doubles situations. We'll have a maximum of five players per court.

If you are not sure which clinic you should enroll in, please contact **Ken Crosina @ 905-721-2000x2165**.

| # | LEVEL | DAY | TIME | # of Weeks | Starts | Member Cost | COST |
|----|--------------------------------|--------|---|------------|-------------|-------------|----------|
| 1 | BEGINNER INTERMEDIATE | MON. | 4:30-5:30PM | 8 | Sept. 14 | \$128.00 | \$150.00 |
| 2 | BEGINNER INTERMEDIATE | MON. | 5:30-6:30PM | 8 | Sept. 14 | \$128.00 | \$150.00 |
| 3 | TENNIS INTRO LESSON/LEAGUE* | TUES. | 9:30-11:30am | 8 | Sept. 15 | \$128.00 | \$199.00 |
| 4 | TENNIS INTRO LESSON/LEAGUE* | TUES. | 6:30-8:30PM | 8 | Sept. 15 | \$128.00 | \$199.00 |
| | INTERMEDIATE | WED. | 7:30-8:30PM | 8 | Sept. 16 | \$128.00 | \$150.00 |
| 5 | TENNIS INTRO LESSON/LEAGUE* | THURS. | 9:30-11:30am | 8 | Sept. 17 | \$128.00 | \$199.00 |
| 6 | BEGINNER INTERMEDIATE | THURS. | 6:30-7:30PM | 8 | Sept. 17 | \$128.00 | \$150.00 |
| | INTERMEDIATE/ADV | THURS. | 7:30-8:30PM | 8 | Sept. 17 | \$128.00 | \$150.00 |
| 7 | BEGINNER INTERMEDIATE | FRI. | 4:30-5:30PM | 7 | Sept. 18 | \$112.00 | \$130.00 |
| 8 | BEGINNER INTERMEDIATE | FRI. | 5:30-6:30PM | 7 | Sept. 18 | \$112.00 | \$130.00 |
| 9 | TENNIS INTRO LESSON/LEAGUE* | SAT. | 1:30-3:30PM | 7 | Sept. 19 | \$120.00 | \$179.00 |
| 10 | INTERMEDIATE | SUN. | 11:30-12:30 | 7 | Sept. 20 | \$112.00 | \$130.00 |
| 12 | ADVANCED | SUN. | 12:30-2:30PM ONE HOUR LESSON FOLLOWED BY ONE HOUR MATCH PLAY | 7 | Sept. 20 | \$120.00 | \$140.00 |

- Tennis Intro Lesson/League is one hour lesson followed by one hour of match play. One participant from each session wins a free membership to the CTC. (Initiation fee only).
- The money paid by the participants covers the cost of the Initiation fee for the lucky winner.

Adult Tennis Clinic Registration Information FALL 2008

NAME: _____ **PHONE#:** _____

EMAIL: _____

CLINIC CHOICE: _____

PLEASE INCLUDE A CHEQUE PAYABLE TO: **Campus Athletic Management Partners**

RETURN TO:

CAMPUS TENNIS CENTRE

C/O Durham College

2000 SIMCOE ST. N., OSHAWA, ON

L1H 7K4