



SPRING TENNIS CLINICS APRIL 12 – MAY 23, 2010

Have a ball improving your tennis skills this spring! Join the City of Florence Tennis Clinic to improve your game or gain skills. Classes are held at Lincoln Woods tennis courts and are taught by Tim Mitchell, USTPA Instructor For more information contact Tim Mitchell at (513) 541-9811 or (513) 328-8811.



April 12—May 23 Quickstart (Ages 4-6)

Saturday 9:00-10:00 am

Junior Schedule: (Ages 7-14)

Junior Beginner

Monday & Wednesday 4:30-5:30 pm
Tuesday & Thursday 5:30-6:30 pm
Saturday 10:00-11:30 am

Jr. Advance Beginner

Monday & Wednesday 5:30-6:30 pm
Tuesday & Thursday 4:30-5:30 pm
Saturday 11:30 am-1:00 pm
Sunday 4:00– 5:30 pm

Junior Prep

Friday 4:00-6:00 pm
Saturday 1:00-2:30 pm



April 12—May 30 Adult Schedule: (Ages 15& up) Adult Beginner

Sunday 1:00-2:30 pm

Advanced Beginner

Monday 6:30-8:00 pm
Wednesday 6:30-8:00 pm
Sunday 2:30-4:00 pm

Intermediate

Tuesday 6:30-8:00 pm
Thursday 6:30-8:00 pm
Saturday 1:30-3:00 pm
Sunday 5:30-7:00 pm

Fees:

Junior Weekday \$120.00
Junior Weekend \$ 90.00
Adult Weekday \$105.00
Adult Weekend \$105.00
Quickstart \$ 60.00



For questions on "Quickstart"
call Tim Mitchell (513) 328-8811



All Lessons are held at Lincoln Woods

Spring Tennis Registration Form

Registration deadline for Spring Tennis Clinics is Saturday, April 10, 2010.

A \$10 fee will be added for any payments accepted after this date. No Exceptions!

Make checks payable to: **Tim Mitchell** and Send this form along with payment to :
Tim Mitchell, 2352 Buddleia Court, Cincinnati, OH, 45239. **NO REFUNDS PROVIDED!**
In-person registration at Lincoln Woods on Saturday, April 10th from 12—4 pm



Name _____ Male ___ Female ___ Phone _____
Address _____ City _____ State _____ Zip _____
Birthday _____ Age _____ Grade _____ Class Choice _____ Day _____ Time _____

I/My Child will participate in the City of Florence's Tennis Clinics at my/our own risk and recognize there are risks involved including physical injuries, and will pay all medical expenses incurred and agree to indemnify and hold harmless the City of Florence, its elected officials, its employees, instructor, fellow participants, and others affiliated with the program from any and all liabilities, claims, demands, actions or causes of actions resulting from physical injuries out of my/our participation. I have read and understand the nature of this waiver.

Participant's

or (if a minor) Parent's/Guardian's Signature _____ Date _____