



Friends of the Mel Stillman Community Tennis Center CHAD Tennis - Summer Program 2024 **CHAD Challengers**

2:00pm - 3:00pm

Introductory tennis skills and games in a fun outdoor environment Please bring a snack, sunscreen, hat, and water every day! \$200.00 per week per session or \$50.00 per day, per session – **NO DROP INS!!!** Week of July 1st is \$160.00, no clinic on July 4th - If it rains, there is no program

Name of Attendee:						Age	:	_Male:	Female:
Parent/Guardian Name:_		Email							
Address:									
Home Phone:	Work Phone:				Cell 1	ell Phone:			
Emergency Contact:	Emergency Phone:								
	Week	Entire Week	Mon	Tues	Wed	Thurs	Fri		
	July 1 st – 5 th July 8 th – 12 th July 15 th – 19 th							- - -	
	July 22 nd – 26 th July 29 th – August 2 nd August 5 th – 9 th							- - -	
	August 12 th – 16 th August 19 th – 23 rd August 26 th – 30 th								
Balance Due	() Check to Frie	ends of M	SCTC	() Credi	t Card				
Exp. Date	Sec Coo	de		Zipcode					
or em Participant hereby agrees to in any and all harm arising from	participating in any and all prdian) give my permission for MSCTC have my permission of MSCTC will refund 100° l only be given for medical rCTC reserves the right to diess or accident, no refund we	Friends of program act or Friends of on to use play of all fee reasons veri smiss any pail be made	MSCTC ivities, ir of MSCT hotos of is (minus ified by a participal e. No dec	Question: and its standeluding, by 'C to attain my child in \$25 per wand doctor's rate whose conduction is a	s - call Su ff, director ut not limit a emergenc in promotion eek per chi note. There onduct is d allowed for	s, voluntee eed to tenni y medical t onal and ed ald registrat are absolu etrimental late arrival	ers, mer is reatme ucation fee itely no to the old or ear	and and remainders and remainders and remainders and remainders and remainders and refunds or a coverall good ly departure	epresentatives from initial). I, hild in the event I (initial if by July 1, 2024. credits for missed of the program. In . Friends of
Signature of Parent or Guardian:			Date:						