



Friends of the Mel Stillman Community Tennis Center  
CHAD Tennis - Summer Program 2026

**CHAD** Challengers

10:30 am - Noon

Emphasis on improving and increasing strokes, on-court drills and skills in a fun learning environment

Please bring a snack, sunscreen, hat, and water every day!

\$225.00 per week per session or \$55.00 per day, per session **NO DROP INS!!!**

**If it rains, there is no program**

Name of Attendee: \_\_\_\_\_ Age \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

| Week  | Entire Week<br>10:30 | Mon<br>10:30 | Tues<br>10:30 | Wed<br>10:30 | Thurs<br>10:30 | Fri<br>10:30 |
|---|----------------------|--------------|---------------|--------------|----------------|--------------|
| June 29 <sup>th</sup> – July 3 <sup>rd</sup>        |                      |              |               |              |                |              |
| July 6 <sup>th</sup> – 10 <sup>th</sup>             |                      |              |               |              |                |              |
| July 13 <sup>th</sup> – 17 <sup>th</sup>            |                      |              |               |              |                |              |
| July 20 <sup>th</sup> – 24 <sup>th</sup>            |                      |              |               |              |                |              |
| July 27 <sup>th</sup> – 31 <sup>st</sup>            |                      |              |               |              |                |              |
| August 3 <sup>rd</sup> – 7 <sup>th</sup>            |                      |              |               |              |                |              |
| August 10 <sup>th</sup> – 14 <sup>th</sup>          |                      |              |               |              |                |              |
| August 17 <sup>th</sup> – 21 <sup>st</sup>          |                      |              |               |              |                |              |
| August 24 <sup>th</sup> – 28 <sup>th</sup>          |                      |              |               |              |                |              |
| August 31 <sup>st</sup> – September 4 <sup>th</sup> |                      |              |               |              |                |              |

Balance Due \_\_\_\_\_ ( ) Check to Friends of MSCTC ( ) Credit Card \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_ Zipcode \_\_\_\_\_

***Please mail registration with payment to Susan Wynn – 254 Main Street, Charlestown, MA 02129  
or email to [stillmantennisrsvp@gmail.com](mailto:stillmantennisrsvp@gmail.com). Questions - call Susan Wynn 617.306.4127***

Participant hereby agrees to indemnify and hold harmless Friends of MSCTC and its staff, directors, volunteers, members and representatives from any and all harm arising from participating in any and all program activities, including, but not limited to tennis. \_\_\_\_\_ (initial). I, \_\_\_\_\_, (parent/guardian) give my permission for Friends of MSCTC to attain emergency medical treatment for my child in the event I cannot be reached. Friends of MSCTC have my permission to use photos of my child in promotional and educational literature. \_\_\_\_\_ (initial if you give permission). Friends of MSCTC will refund 100% of all fees (minus \$25 per week per child registration fee) if canceled by June 15, 2026. After June 15, 2026, refunds will only be given for medical reasons verified by a doctor's note. There are absolutely no refunds or credits for missed days or weeks. Friends of MSCTC reserves the right to dismiss any participant whose conduct is detrimental to the overall good of the program. In cases of gross misconduct, illness or accident, no refund will be made. No deduction is allowed for late arrival or early departure. Friends of MSCTC maintains the highest safety standards; however, it does not assume liability for accidents, illness, or disease. \_\_\_\_\_ (initial)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**F R I E N D S**  
of the Mel Stillman Community Tennis Center  
[www.stillmantennisrsvp.com](http://www.stillmantennisrsvp.com)