



TOWNFIELDS SPRINGHALL ROAD SAWBRIDGEWORTH CM21 9ET

SAWBRIDGEWORTH TENNIS CLUB SUMMER HOLIDAY CAMPS 2020



HEAD COACH: IAN ZELLNER

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www.sawbridgeworthtennis.org.uk **EMail zellnertennis58@icloud.com**

*TENNIS FOR ALL AGES *HALF DAY CAMPS *FULL COURT CAMPS *MINI-TENNIS RED & ORANGE CAMPS
*FUN & GAMES *TOTS TENNIS

TENNIS & MINI-TENNIS CAMPS (6 -16 YEAR OLDS) TOTS (4&5 YEAR OLDS)

* MORNING SESSION: TENNIS & MINIS 9-30AM-12PM TOTS 9.30-12PM

* AFTERNOON SESSION: TENNIS & MINIS ONLY 1PM TO 3-30PM

*FITNESS, TECHNIQUE, TACTICS & MENTAL SKILLS & GAMES

HALF DAY CAMP PER WEEK NON-MEMBER / MEMBER/REPEATS

FULL WEEK - £90/£80 4 DAYS - £80/£70 1,2&3 DAYS - £23/£20 PER AM or PM SESSION

Toilet facilities available, 1 in 1 out basis. Bring own drinks and snacks. Rackets available to use.

Outdoor shelter available in the event of a shower. Days will be cancelled in the event of prolonged bad weather. No indoor provision. Pre and after care not available at this time.

Social distancing to be applied and followed by all. Children and parents not to attend if experiencing any signs of COVID infection.

SUMMER

WEEK S1: MON 27TH - FRI 31ST JULY

WEEK S3: MON 10TH - FRI 14TH AUGUST

WEEK S5: MON 24TH - FRI 28TH AUGUST

WEEK S2: MON 3RD - FRI 7TH AUGUST

WEEK S4: MON 17TH - FRI 21ST AUGUST

PLEASE BOOK _____ D.O.B. ___/___/___ ON THE 2020 SAWBRIDGEWORTH CAMPS

WEEK CODE: ___ MONTH _____ DATES _____ MON ___ TUE ___ WED ___ THU ___ FRI ___ AM ___ PM ___ £ ___ - ___

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PLEASE TICK CHOICES

TOTAL PAYMENT BY: Credit Card at venue £ _____ ONLINE PRE PAYMENT £ _____

ONLINE PAYMENT TO MY BUSINESS ACCOUNT:

MR IAN CHRISTOPHER ZELLNER ACCOUNT: 90028983 SORT CODE: 20-36-98

PLEASE EMAIL OR, SEND FORM TO [IAN ZELLNER](mailto:IAN.ZELLNER@SAWBRIDGEWORTHFC.CO.UK) : 21 HOESTOCK ROAD, SAWBRIDGEWORTH, HERTS.. CM21 0DZ

YOUR BOOKING WILL BE CONFIRMED VIA EMAIL OR TEXT

I give permission for my child named above to attend the coaching sessions and for the coaching team to administer any necessary first aid.

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Use of Images Policy: I DO / DO NOT (delete as appropriate) give permission for my child to be involved in any publicity (including photographs/TV footage) for use by the Club.

Signed:

Date:

Name: (please print)		Relationship to child:
Address and contact details:		Home:
		Mobile:
		Work:
Email:		