



TOWNFIELDS SPRINGHALL ROAD SAWBRIDGEWORTH CM21 9ET

SAWBRIDGEWORTH TENNIS CLUB SUMMER HOLIDAY CAMPS 2021



HEAD COACH: IAN ZELLNER

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*TENNIS FOR ALL AGES *FULL & 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 RATE/ MEMBER RATE

5 DAYS or more - £19/£16 4 DAYS - £21/£18 1,2&3 DAYS - £23/£20 Per AM or PM SESSION

Please bring a packed Lunch if staying for both AM and PM sessions. Some snacks available to buy. Changing and toilet facilities available Bring own drink bottles and snacks. Drink refills will be provided. The clubhouse should be available in the event of bad weather. Rackets available to use.

Children and parents not to attend if they or any of their household experiencing any signs of COVID infection. A credit or refund available in these circumstances.

SUMMER 2021

WEEK HT1: TUES 1ST- FRI 4TH JUNE

WEEK S1: MON 19TH - FRI 23RD JULY

WEEK S3: MON 2ND - FRI 6TH AUGUST

WEEK S5: MON 16TH - FRI 20TH AUGUST

WEEK S2: MON 26TH - FRI 30TH JULY

WEEK S4: MON 9TH - FRI 13TH AUGUST

WEEK S6: MON 23RD - FRI 27TH AUGUST

PLEASE BOOK _____ D.O.B. ___/___/___ ON THE 2021 SAWBRIDGEWORTH CAMPS

PLEASE BOOK _____ D.O.B. __/__/____
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WEEK CODE: _____ MONTH _____ DATES _____ MON __ TUE __ WED __ THU __ FRI __ AM __ PM __ £ - -

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

PLEASE TICK CHOICES

TOTAL PAYMENT BY: Credit Card at venue £ _____ CASH 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@HARTS.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:		