



HIGH SCHOOL DRILL CLINIC 2019

Led by Miller Tennis Center Director of Tennis, Marcus Fugate

A GREAT WAY TO COMPLIMENT YOUR HIGH SCHOOL COMPETITION

For all ability levels **Grades 7 - 12** Participants grouped by age and ability

GROUNDSTROKES NET PLAY RETURN OF SERVE TRANSITION PLAY
SPECIALTY SHOTS SINGLES & DOUBLES STRATEGY COMPETITIVE GAMES FITNESS

3 SEVEN WEEK SESSIONS

SESSION 3

January 11 - March 3

WEEK BREAK Mon 2/18 - Sun 2/24

SESSION 4

March 8 - April 21

SESSION 5

May 3 - June 16

IMPORTANT NOTE: Classes will not be held on the following dates - Please Prorate Accordingly

Session 3: Saturdays - Feb 2 & Feb 16 Sunday: Feb 17

Session 4: Saturdays - Mar 9, Mar 16, Apr 13 Sundays: Mar 10, Mar 17, Mar 24, Apr 7, Apr 21

SAVE 15% - PREPAY FOR ALL 3 FULL SESSIONS - before the first class of Session 3

Save 5% - PREPAY FOR ANY 2 FULL SESSIONS - before the first class

Choose 1, 2, or 3 Days per Week

7 WEEK SESSION RATES: MTC Member Non - Member

1 Day

\$231

\$312

2 Days

\$462

\$624

3 Days

\$693

\$936

Fri 6 pm - 7:30 pm **Sat 2:30 pm - 4 pm** **Sun 1:00 pm - 2:30 pm**

JOIN MTC TODAY - Save 35% on this program. Please call 632-8600

For more information, Email: membership.millertenniscenter@gmail.com

STUDENT REQUIREMENT: Please register before the start of the session. Registration form must be completed and accompanied with payment. Class sizes are limited & applications will be accepted in order of receipt. Registrations will be taken after the start of the session if spaces are available.

DROP-INS: Contact the front desk prior to class for availability & fill out a registration form with payment. Drop-ins pay 25% more per class.

MAKE UP POLICY: Make up arrangements **MUST** be made by contacting Marcus Fugate at least 24 hours in advance. marcus.millertenniscenter@gmail.com

**MAKE UPS CANNOT BE TRANSFERRED TO A FUTURE SESSION.
FUTURE SESSIONS WILL NOT BE PRORATED FOR CLASSES MISSED
FROM PREVIOUS SESSION(S). NO REFUNDS.**

Name _____ D.O.B. ___/___/___ Age _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Email _____

Payment Method: Cash Check Credit Card MTC Acct. - Credit Card on File Required

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