

# **Take Your Game** To A New Level

### **Concho Valley Tennis Academy**

In Collaboration with Concho Valley Tennis, the Y aims to teach the lifelong sport of tennis to the San Angelo

growth in tennis.

#### **Registration Dates:**

March 15 - the first day of camp

#### **Program Fees:**

Members: \$40.00 per week Non-Members: \$55 per week

Receive a \$10 discount per camp if you register for 3+ weeks (Scholarship and discount can not be combined)

#### **Program Information:**

Ages: 7 - 18 years old Time: 8:00 am - 9:30 am

Week 1: June 5 - 8

Week 2: June 12 - 15

Week 3: June 19 - 22

Week 4: July 10 - 14

Week 5: July 17 - 20

Week 6: July 24 - 27

#### Clinics are led by:

Jared Urbantke

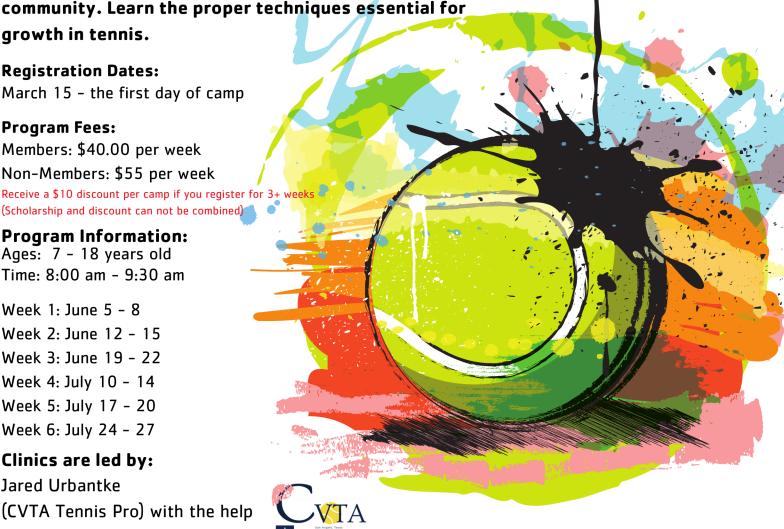
(CVTA Tennis Pro) with the help of area players and coaches

Financial Assistance Available. Submit your application and receive a response 7 -10 business days later.

All classes will meet at: Concho Valley Tennis Center

1851 Knickerbocker Rd. San Angelo, TX 76904

\*\*Participants are encouraged to bring their own racquet.\*\*



## Summer Tennis Camp 2023 Registration Form

Participant Information:						
	DOB:					
Age:						
Mailing Address:						
Additional Information we may no	eed to know (conditions, alle	ergies, injuries)	:			
Primary Contact Informatio	n:					
First and Last Name:	Relationship:					
	Cell Phone Carrier:					
Primary Contact Email:						
**Comm	unication done through	email to the	e primary conta	act, please write le	gibly.**	
Emergency Contact:						
First and Last Name:						
Cell Phone Number:	Relationship:					
T-Shirt Size: YS YM (circle one)  I would like to register Receive a \$10 discount per camp if you		2	<b>3</b>	<b>4</b>	5	July 24 - 27
YMCA MISSION: The miss ages, with emphasis on f and spirit, through its pro	ombined) sion of the San Angelo amilies and youth, to	o YMCA is t permit thei	o serve the p	eople on the com	munity of all fait	hs and
WAIVER: I hereby, for my against the YMCA of San which may be suffered in program provides no insubelow, I am also giving pethe YMCA of San Angelo.	Angelo, and its respension of the connection with my courance coverage and remission for my child	ective office child's parti my own insi	ers, agent, spo cipation in th urance will be	onsors, or any em e program. I here used in the case	ployees for any by acknowledge of an accident. E	injury that the By signir
REFUNDS: Full refunds w to the first meeting a \$1	, ,		on of the prog	gram. Should a re	fund be requeste	ed prior
Parent's Signature :			Date:			
Parent's Name Printe	≥d:					