



## Easter 2018 Tennis Camps for Ages 4 – 16

**Tuesday, 3<sup>rd</sup> to Thursday, 5<sup>th</sup> April and  
Monday, 9<sup>th</sup> to Thursday, 12<sup>th</sup> April**

**Ages 4 & 5: 9.30–11.30am**  
£10 members (£35pw\*) / £13 non-members (£47pw\*)

**Ages 6 to 10: 9.30am–12.30pm**  
£15 members (£50pw\*) / £20 non-members (£70pw\*)

**Ages 11 – 16: 12.30pm – 3.30pm**  
£15 members (£50pw\*) / £20 non-members (£70pw\*)

\* Per week rates are for second week only

**Numbers will be limited so please book early to avoid disappointment!**

**PAYMENT MUST BE MADE ON BOOKING. BOOKINGS MADE AFTER THE FRIDAY PRIOR TO  
PLAY WILL INCUR AN ADDITIONAL £5 ON DAY RATE & £10 ON WEEKLY RATE**

Please complete form and return with payment (cheques to 'Limpsfield LTC') to the Club Office. Any enquiries, contact the Club Office on 01883 714079 or email: [tenniscoaching@limpsfieldtennis.co.uk](mailto:tenniscoaching@limpsfieldtennis.co.uk)

- Please register on arrival every day: **10 & Under registration is from 9.10am and 11 & Over registration is from 12.20pm**
- Don't forget to bring a drink and snack for the mid-session break or they can be purchased from the Bar.
- Please ensure your child is suitably dressed for the weather!

<b>PLEASE COMPLETE ONE FORM PER CHILD AND TICK BOXES AS APPROPRIATE:</b>								<b>£</b>
<b>WEEK 1: Tues 3<sup>rd</sup> – Thurs 5<sup>th</sup> April</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WEEK 2: Mon 9<sup>th</sup> – Thurs 12<sup>th</sup> April</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<b>TOTAL £:</b>	
<b>CHILD'S NAME:</b>					<b>AGE:</b>		<b>D.O.B.:</b>	
<b>MEMBER? YES / NO</b>		<b>ATTENDING SQUADS? YES / NO</b>						
<b>ADDRESS:</b>								
							<b>POSTCODE:</b>	
<b>PARENT'S NAME:</b>								
<b>CONTACT NO:</b>				<b>ALTERNATIVE CONTACT NO:</b>				
<b>EMAIL:</b>								
<b>MEDICAL INFORMATION:</b>								
<b>I GIVE PERMISSION FOR MY CHILD'S PHOTO TO BE TAKEN FOR PROMOTIONAL MATERIAL:</b>								<b>YES/NO</b>
<b>SIGNED:</b>						<b>DATE:</b>		