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**Steve Williams, USPTA (P1) – Director of Tennis**

**Ken Gross, PTR – Assistant Pro**

**Email:** [**steve@williamstennisschool.com**](mailto:steve@williamstennisschool.com)

**SUMMER SESSION: 6 WEEKS**

**Check Session Name** **Member Price**

□ JUNIOR STARS 4-7 y/o $21.00/week

Friday & Saturday 8:45 – 9:30 AM $126.00/6 weeks

□ ACES 7-11 y/o $28.00/week

Friday & Saturday 9:30 – 10:30 AM $168.00/6 weeks

□ JUNIOR ADVANCED $28.00/week

Friday & Saturday 10:30 – 11:30 AM $168.00/6 weeks

□ ELITE “B” (INVITATION ONLY) $56.00/week

Friday & Saturday 11:30 – 1:30 PM $336.00/6 weeks

□ ELITE “A” (INVITATION ONLY) $56.00/week

Friday & Saturday 1:30 – 3:30 PM $336.00/6 weeks

CHECK WEEKS FOR REGISTRATION:

Week One (6/9 – 6/10) \_\_\_ **6/16 – 6/17 (no classes)** Week Two (6/23 – 6/24) \_\_\_

**6/30 – 7/1 (no classes)** **7/7 – 7/8 (no classes)** Week Three (7/14 – 7/15) \_\_\_

Week Four (7/21 – 7/22) \_\_\_ Week Five (7/28 – 7/29) \_\_\_ Week Six (8/4 – 8/5) \_\_\_

**REGISTRATION FORM**

Player Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M or F Age \_\_\_\_\_\_\_ Fox Hill Member \_\_ Y \_\_ N

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Ph#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name & Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid $\_\_\_\_\_\_\_\_\_\_ Circle One: Check Cash Charge FH Member Acct # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa/Mstr Card# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit Card Expiration Date: \_\_\_\_\_\_\_\_ 3 Digit # on Back \_\_\_\_

Credit Card Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Signature Auth. Payment by Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_