



Ashburn Farm Association

Fall 2009 Tennis Program

Class Registration Form

Name: _____ Age (if registering a child): _____

Address: _____

Phone: _____ Email: _____

Check here if Ashburn Farm resident Check here if non-resident Check # _____ Amount: \$ _____

The following Evening Tennis Clinics will include instruction focusing on proper stroke technique, footwork, games, drills and scoring. Instruction provided by Tennis4Life. The clinics will be held at the Summerwood Tennis Courts located at:
43641 Golden Meadow Circle, Ashburn, VA 2014

				Resident	Non-Resident
_____	Tues: 5:00-5:30pm	4-6 yr.old	Beginner	\$42.00	\$46.20
_____	Tues: 5:30-6:30pm	7-9 yr.old	Beginner	\$72.00	\$79.20
_____	Tues: 6:30-7:30pm	10-13 yr.old	Beginner	\$72.00	\$79.20
_____	Thurs: 5:00-5:30pm	4-6 yr.old	Beginner	\$42.00	\$46.20
_____	Thurs: 5:30-6:30pm	7-9 yr.old	Intermediate	\$72.00	\$79.20
_____	Thurs: 6:30-7:30pm	10-13 yr.old	Intermediate	\$72.00	\$79.20
_____	Sat: 8:00-8:30	4-6 yr.old	Beginner	\$42.00	\$46.20
_____	Sat: 8:30-9:30	7-9 yr.old	Beginner	\$72.00	\$79.20
_____	Sat: 9:30-10:30	10-13 yr.old	Beginner	\$72.00	\$79.20

_____	Tues: 7:30-8:30pm	Adult	Beginner	\$80.00	\$88.00
_____	Thurs: 7:30-8:30pm	Adult	Intermediate	\$80.00	\$88.00

Clinics will run from: **Tues:** Sept 15th – Oct. 27th / **Thurs:** Sept 17th – Oct. 29th / **Sat:** Sept. 19th – Oct. 31st

Non-Ashburn Farm residents will be assessed a 10% surcharge. Payments can be made by cash or check payable to Tennis4Life. Mail completed registration forms and fees to Attn: Greg Selby, Tennis4Life, P.O. Box 2151, Leesburg, VA 20177. Do not leave payments or forms at the Ashburn Farm Association office.

By submitting this registration, I hereby, for myself, my heirs, my executors and administrators waive and release any and all rights and claims for damage I may have against Greg Selby, any Tennis4Life instructor or volunteer, or the Ashburn Farm Homeowner's Association, their respective agents, representatives, successors and assigns, for any injury which may be suffered by my child (children) or myself in the connection with these sponsored programs.

Signature (Parent/Guardian) _____ Date _____