

**Parkside Tennis Club**  
6 Memorial Dr.  
Windsor, Ont.  
N8X 5C8  
(519) 977-7746  
[parksidetennisclub@outlook.com](mailto:parksidetennisclub@outlook.com)

AMOUNT PD> \_\_\_\_\_  
DATE PD> \_\_\_\_\_  
METHOD> \_\_\_\_\_

# PARKSIDE

## Saturday Junior Clinic

### January 4<sup>th</sup>-March 8<sup>th</sup>, 2025

CURRENTLY LIMITED STUDENTS PER COURT

### COST FOR THE 10 WEEKS

1 HOUR PER WEEK = \$271.20/SESSION

2 HOURS PER WEEK = \$519.80/SESSION

Make ups will be scheduled at the end of the session. (Max.2hrs)

Students must sign-up for this make-up at the front desk

No refunds or credits will be given, as we limit the number of students per group.


**ONCE YOU DECIDE ON A TIME CHANGES WILL ONLY BE ALLOWED IF AVAILABLE**

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

CLINIC TIMES  9 YEARS OLD & OVER 8:30AM 9:30AM 10:30AM 11:30AM  
8 YEARS OLD & UNDER 12:30PM 1:30PM

I, the undersigned, understand that Parkside Tennis Club, its Board members and designates are not responsible for injuries incurred while the above persons are participating in any club activity. I understand that all fees are non-refundable. Please Make Cheques Payable to Parkside Tennis Club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_