

# Women's Tennis Program-Registration Form

Middlesex Club/Season 2008

Name: \_\_\_\_\_ Middlesex Bond #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Women's Spring Camp: (24-hour cancellation policy. No exceptions)

Please circle the days you are interested in:      May   5   6   7   8   9   12   13   14   15

Please mark the camp you are interested in:

- A team level: 8:30-10:30 AM
- A & B team level : 10:30-12:30 PM
- C & B team level: 12:30-2:30 PM

## Women's Summer Clinics:

Please tell us your preference and we will try to accommodate you if we can:

- I am interested in 3:1 ratio (student to pro)
- I am interested in 4:1 ratio (student to pro)

Please select one of the following:

- I will form my own group  
These are the participants on my court  
Player 1: \_\_\_\_\_  
Player 2: \_\_\_\_\_  
Player 3: \_\_\_\_\_
- I would like to be placed in a group by the pro staff

Please mark your playing level:

Beginner (USTA 2.0)  
Advanced Beginner (USTA2.5)  
Low Intermediate (USTA 3.0)  
Intermediate (USTA 3.5)  
Advanced (USTA 4.0)

Please circle the month, day, times and length of program you are interested in:

- |                                 |            |               |         |              |
|---------------------------------|------------|---------------|---------|--------------|
| <input type="radio"/> May       | Mondays    | Between:      | 2 weeks | 1 hr a week  |
| <input type="radio"/> June      | Tuesdays   | 7:30-9:00 AM  | 4 weeks | 1.5 hrs a wk |
| <input type="radio"/> July      | Wednesdays | 9:00-12:00 PM | 6 weeks |              |
| <input type="radio"/> August    | Thursdays  | 12:00-3:00 PM |         |              |
| <input type="radio"/> September | Fridays    | 3:00-6:00 PM  |         |              |
|                                 | Saturdays  | 6:00-8:00 PM  |         |              |
|                                 | Sundays    |               |         |              |

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

Mail to: Faycal Rhazali/ 39 Maple Tree Ave # 36, Stamford CT, 06906

or email: msxtennis@optonline.net

*Priority will be based on date of registration form receipt. You will get a confirmation email.*