

SPRINGHALL ROAD SAWBRIDGEWORTH CM21 9ET

https://clubspark.lta.org.uk/SawbridgeworthTennisClub

SAWBRIDGEWORTH TENNIS CLUB EASTER & SUMMER HOLIDAY CAMPS 2024



HEAD COACH: IAN ZELLNER CONTACT INFO: MOBILE 07798 754642; EMAil zellnertennis58@icloud.com

*TENNIS FOR ALL AGES *FULL & HALF DAY CAMPS *FULL COURT CAMPS *MINI-TENNIS RED & ORANGE CAMPS *FUN & GAMES *TOTS TENNIS TENNIS & MINI-TENNIS CAMPS (6 -16 YEAR OLDS) TOTS (4&5 YEAR OLDS)

*MORNING SESSION: TENNIS & MINIS <u>9-30AM-12PM</u> TOTS 9.30-12PM

*AFTERNOON SESSION: TENNIS & MINIS ONLY <u>1PM TO 3-30PM</u>

*FITNESS, TECHNIQUE, TACTICS & MENTAL SKILLS & GAMES

SESSION PRICES NON-MEMBER RATE/MEMBER RATE Per AM or PM SESSION

5 SESSIONS or more - £21/£18 4 SESSIONS - £23/£20 1-3 SESSIONS - £25/£22 10% sibling discount

A cooked Lunch and drink are included in the price for those attending both AM and PM sessions. Some snacks available to buy during breaks. Drink refills will be provided throughout the day. The clubhouse is available in the event of bad weather. Changing facilities are available. Child protection policies available to view online, in the clubhouse and on request. Rackets available to use.

EASTER 2024

WEEK <u>E1:</u> WED 3RD - FRI 5TH APRIL.

WEEK E2: TUES 9[™] - FRI 12[™] APRIL

SUMMER 2024

WEEK <u>S1</u>: WED 22nd - FRI 26RD JULY WEEK <u>S3</u>: MON 5TH - FRI 9TH AUGUST WEEK <u>S5</u>: MON 19th - FRI 23rd AUGUST
 WEEK S2: MON 29th JULY - FRI 2nd AUGUST

 WEEK S4: MON 12TH - FRI 16TH AUGUST

 WEEK S6: TUES 27TH - FRI 29th AUGUST

PLEASE BOOK	D.O.B/ON THE 2024 SAWBRIDGEWORTH CAMPS
PLEASE BOOK	D.O.B//
PLEASE BOOK	D.O.B//
PLEASE BOOK	D.O.B//
WEEK CODE:DATES WEEK CODE:DATES	MONTUEWEDTHUFRIAMPM £ MONTUEWEDTHUFRIAMPM £
PLEASE TICK CHOICES	

TOTAL PAYMENT BY: Credit Card at venue £_	CASH at venue £
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ONLINE PRE PAYMENT £_____. Discount code:______

ONLINE PAYMENT TO MY BUSINESS ACCOUNT:

MR IAN CHRISTOPHER ZELLNER ACCOUNT: 90028983 SORT CODE: 20-36-98

PLEASE EMAIL OR, SEND FORM TO <u>IAN ZELLNER</u> : 21 HOESTOCK ROAD, SAWBRIDGEWORTH, HERTS.. CM21 0DZ

YOUR BOOKING WILL BE CONFIRMED VIA EMAIL OR TEXT

I give permission for my child named above to attend the coaching sessions and for the coaching team to administer any necessary first aid.

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Use of Images Policy: DO / DO NOT	(delete as appropriate) give permission for my child to be involved in
any publicity (including photographs/	ΓV footage) for use by the Club.

Signed:

Date:

Name:	Relationship
(please print)	to child:
Address and	Home:
contact	
details:	Mobile:
	Work:
Email:	