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| **Summer Term Holiday Camp 2019**Wolverhampton Lawn Tennis & Squash Club, 53 Newbridge Crescent WV6 0LH |
| Week 1: 29th July – 2nd August Week 2: 5th August - 9th AugustWeek 3: 12th August-16th August Week 4: 19th August- 23rd AugustMorning: 9am-12pm. Full day: 9am-3pm (with option of lunch if required)**PLEASE NOTE UNDER 6’S CAN ONLY ATTEND 9am-12pm.****4 & 5-year-olds 9am-10.30am if require a shorter session.** |

Professional, fun tennis camps for players ages 4-16 of all standards, run by licensed, **fully qualified coaching staff**

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|  | **Members** | **Non-Members** |
| **4&5-year olds shorter session** | **£6** | **£9** |
| **Morning only** | **£12** | **£18** |
| **Lunch if required per day** | **£3.50** | **£3.50** |
| **Full day** | **£22** | **£32** |
| **Full Week**  | **£100** | **£135** |

Due to the many food allergies we have decided that the children can bring in their own packed lunch, with the option to pre pay for lunch if required.

Contact WLTSC reception for details on 01902 755265

Please choose days and times on reverse **Registration Form**

**\*Any safeguarding issues please contact welfare officer Marc Hughes (Operations Manager)**

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| **Week** | **Times** | **Monday**  | **Tuesday**  | **Wednesday** | **Thursday** | **Friday** | **Full week** | **Total cost** |
| **1** | **9am-10.30am 4&5 year olds** |  |  |  |  |  |  |  |
| **1** | **9am-12pm** |  |  |  |  |  |  |  |
| **1** | **Lunch £3.50**  |  |  |  |  |  |  |  |
| **1** | **All day 9am-3pm** |  |  |  |  |  |  |  |
| **2** | **9am-10.30am 4&5 year olds** |  |  |  |  |  |  |  |
| **2** | **9am-12pm** |  |  |  |  |  |  |  |
| **2** | **Lunch £3.50** |  |  |  |  |  |  |  |
| **2** | **All day 9am-3pm** |  |  |  |  |  |  |  |
| **3** | **9am-10.30am 4&5 year olds** |  |  |  |  |  |  |  |
| **3** | **9am-12pm** |  |  |  |  |  |  |  |
| **3** | **Lunch £3.50** |  |  |  |  |  |  |  |
| **3** | **All day 9am-3pm** |  |  |  |  |  |  |  |
| **4** | **9am-10.30am 4&5 year olds** |  |  |  |  |  |  |  |
| **4** | **9am-12pm** |  |  |  |  |  |  |  |
| **4** | **Lunch £3.50** |  |  |  |  |  |  |  |
| **4** | **All day 9am-3pm** |  |  |  |  |  |  |  |

Name:................................................................ Age: .................................................................

Phone number: ...........................................................................................................................

Medical conditions: ....................................................................................................................

Food/dietary requirements: .......................................................................................................

Amount paid: …………………………………………………. Date: …………………………………………………………..

Are you a current member?: ………………………………………………………………………………………………….

Office use only: Payment received………………………. Date……………………….