2024 JUNIOR TENNIS ACADEMIES

170 Colfax Rd   Wayne, NJ 07470

CAMP DIRECTOR: JOHNATHAN LE

johnlelaw@optimum.net   646 824 8961

Clubhouse: 973 835 9616

OUR FACILITY

6 Har-Tru courts in a safe, residental setting; cold water fountains; restrooms; heathy beverage dispenser; refrigerators (campers are welcome to bring their own drinks and snacks).

DATES

SESSION #1

  JUNE 10-21   (Mon-Fri)
- 3:30 pm – 4:30 pm
- 4:30 pm - 5:30 pm

SESSION #2

  AUGUST 19-30   (Mon-Fri)
- 9:30 am - 10:30 am
- 10:30 am - 11:30 am

RATES: $250 per session (10 lessons)

  Add'l children (same family):

  $165 per session for 2nd child

  $100 per session for 3rd child

PAYMENTS

Cash   •   **Venmo** (@WRC-tennis)

Check: payable to Wayne Racquet Club

        mail to: B. Keil PO Box 10 Riverdale, NJ 07457

ATTIRE

All students must wear tennis sneakers.

OUR MISSION

Tennis is a FUN sport for children of ALL ages - and a sport for a lifetime. We welcome players of all ages & abilities. Each ACADEMY will have 10 1-hour sessions that will focus on the latest tennis techniques. Students will be grouped by age, ability & experience.

Beginners will learn the basic fundamentals of the game through fun games, drills & activities. Intermediate and advanced players will improve their skills and learn tactics and strategies through competitive drills and match play. There will be a fun tournament and pizza party on the last day of each Academy.

In addition to teaching the players the fundamentals of the game and developing their skills, the sessions will focus on promoting SPORTSMANSHIP, building confidence, improving overall coordination, creating a sense of community, and inspiring a lifelong love for tennis.

APPLICATION (please fill out separate applications for Session 1 & Session 2):

Player 1   _____ Age: _____   Fee: $250

Player 2   _____ Age: _____   Fee: $165

Player 3   _____ Age: _____   Fee: $100

TOTAL FEE . . . . _____

   Payment method: ☐ CASH   ☐ CHECK   ☐ VENMO

Address   _____

          _____

Parent/Guardian Cell Phone   _____   Work Phone _____

Name (print) _____

Signature _____ Date _____

Save and email the completed form PDF file to wayneracquetclub@gmail.com or print and mail it to the address shown above.