

BANGOR TENNIS CLINIC 2023

WHEN?

JUNE 19-22 (RAINDATE JUNE 23)

Pee-Wees (Spring 2023 Grades K-4) 8:30am-9:30am

Varsity (Spring 2023 Grades 5-8) 10:00-11:30am

WHERE?

Bangor HS Tennis Courts

187 Five Points Richmond Road Bangor, Pa 18013

THEME DAYS!

Monday: Crazy Socks

Tuesday: Wacky Hat

Wednesday: Slater Colors!

Thursday: CAMP T-SHIRT!

**SEND COMPLETED REGISTRATION
AND PAYMENT BY MONDAY, JUNE 5, 2023:**

JENNIFER DEVINE

11 CHRISTINE LANE

BANGOR, PA 18013

QUESTIONS? CALL: 610-442-8023

*THE POSTMARK DATE GUARANTEES THE T-SHIRT AND PRICE.
ANY REGISTRATION RECEIVED AFTER JUNE 5TH WILL NOT BE
GUARANTEED A T-SHIRT AND THERE WILL BE A \$5 INCREASE.*

COST

Pee-Wee Level

\$50/week

Varsity Level

\$70/week

**Discount available for siblings. Call or text for more details. The cost includes a Camp T-shirt if registered by June 5th!*

WHAT TO EXPECT

The Clinic is run by high school players, coaches and alumni. Your child will be taught fundamental tennis skills. Prior tennis experience is not necessary. Your child will need a tennis racquet, sneakers and water. The sessions will run Monday thru Thursday the week of June 19th. There will be prizes, awards and End-of-Camp Tournament!!!!

SPONSORS

Bangor Tennis Booster Association

BENEFITING

The Bangor High School Boys and Girls Tennis Teams

Please complete, detach and return by June 5, 2023, via mail to: (One per student)

**c/o
JENNIFER DEVINE
11 CHRISTINE LANE
BANGOR, PA 18013
610-442-8023**

**Please make checks payable to: Bangor Tennis Booster Association
APPLICATION AND PARENT CONSENT FORM**

Player Name _____

Age _____ **Grade (Spring 2023)** _____

Address: _____

City: _____ **Phone:** _____

Email: _____

Please check if your child will need a tennis racquet _____

T-Shirt Size (please circle) Youth: S M L Adult: S M L

Emergency Contact Name(s): 1. _____
2. _____

Emergency Contact Phone Number(s): 1. _____
2. _____

Medical Concerns/Allergies: _____

I give my consent and approval for the above-named student to participate in the 2023 Bangor Tennis Clinic. I also give my consent and approval for the above named student to be treated and cared for by the emergency room of the local hospital. I understand that the Bangor Area School District, the Tennis Booster Club and coaches are not responsible for any injuries incurred while participating in the tennis clinic(s).

Signature of Parent/Guardian: _____ **Date:** _____