

BANGOR TENNIS  
ANNUAL

# Summer TENNIS Clinic



## Pee-wees

K-4

(current grade)

8:30-9:30

\$50

## Varsity

5-8

(current grade)

10:00-11:30

\$70

**24-27  
JUNE**

\*Discount available for siblings  
call for information

\*There are no rain dates, we will do  
our best to play every day!

**SEND COMPLETED REGISTRATION & PAYMENT BY 6/3/24**

JENNIFER DEVINE

11 CHRISTINE LANE

BANGOR PA 18013

QUESTIONS? CALL- 610-442-8023

Monday- Crazy Socks

Tuesday- Wacky Hat

Wednesday- Slater Colors

Thursday- Slater Colors

Please follow  
@bangor\_tennis for  
weather updates

POSTMARK GUARANTEES A T-SHIRT AND PRICE. ANY REGISTRATION AFTER  
6/3 WILL NOT BE GUARANTEED A SHIRT AND THERE WILL BE A \$5 INCREASE

**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. There will be PRIZES, AWARDS and End-of-Camp Tournament!!!**

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Please complete, detach and return by June 3, 2024 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 2024) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

Medical:

Concerns/Allergies: \_\_\_\_\_

Consent:

I give my consent and approval for the above-named student to participate in the 2024 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: \_\_\_\_\_