



**Junior Development Program
Spring 2019
March 6th – June 11th
(14 weeks)**

10 & Under Program (No Guest Fees)

Level	Days/Time	Program Fee drop-in	Program Fee 1 clinic/week	Program Fee 2 clinics/week	Program Fee 3 clinics/week
Stage 1, 2 & 3 Ages 4-10 yrs Red/Oran/Grn Ball	Mon/Wed: 4:30-6:00 Sat: 3:00-4:30	\$30 (\$20/hr) 1 clinic	\$336 (\$16/hr) 14 clinics	\$630 (\$15/hr) 28 clinics	\$882 (\$14/hr) 42 clinics

Upper Level Program (Non-Members pay additional \$75 Guest Fee/Player)

Level	Days/Time	Fee/Guest drop-in	Fee 1 clinic/week	Fee 2 clinics/week	Fee 3 clinics/week	Fee 3 clinics/week/player
Elite 10 & Under	Mon/Fri 4:00-6:00 Sat 3:00-5:00	\$40/\$10 (\$20/hr) 1 clinic	\$504 (\$18/hr) 14 clinics	\$896 (\$16/hr) 28 clinics	\$1260 (\$15/hr) 42 clinics	\$1400 All clinics No Make-ups Price is Per Player
Intermediate	Wed/Fri: 4:00-6:00 Sat: 3:00-5:00	\$40/\$10 (\$20/hr) 1 clinic	\$504 (\$18/hr) 14 clinics	\$896 (\$16/hr) 28 clinics	\$1260 (\$15/hr) 42 clinics	\$1400 All clinics No Make-ups Price is Per Player
Adv/Tournament Training/High Performance	T/TH: 4:00-6:00 Sat: 12:00-2:00	\$40/\$10 (\$20/hr) 1 clinic	\$504 (\$18/hr) 14 clinics	\$896 (\$16/hr) 28 clinics	\$1260 (\$15/hr) 42 clinics	\$1400 All clinics No Make-ups Price is Per player
Strength/Agility	TBA	\$8 1 clinic	\$56 8 clinics	\$90 15 clinics	N/A	N/A

Enrollment Form JD Spring 2019

Please pay all program fees on or before the 1st day of clinics. Players who do not pay program fees up front will be charged the drop-in fee per clinic at the end of the session. Players who come to more clinics than originally enrolled will be charged for additional clinics at the end of the session. All days and times subject to change. Make-ups do not carry forward to next session. No refunds. Non- members enrolled in upper level programs pay additional guest fee. Pros reserve the right to place kids in select level clinics. Talk to Brandon and Matt about our Match Play Programs. Questions? Call Mike Ridener 412-833-3080.

Child's Name: _____ Phone: _____ Time: _____

Parents Name: _____ Cell: _____ # Clinics: _____

Address: _____ Zip: _____ Program Fee: \$ _____

Email: _____ Guest Fee: \$ _____

Age: _____ Level: _____ Days: _____ Total: \$ _____

Make checks payable to: Glen Creek Tennis Club - 1919 Stoltz Road - South Park, PA 15129