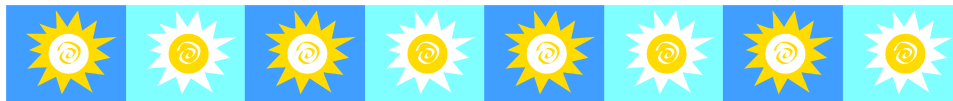


2023 Junior Summer Camps



All Ages—All Abilities

June 12-June 16 9:30am-11:30am
June 19-23 9:30am-11:30am
June 26-30 9:30am-11:30am
July 10-14 9:30am-11:30am
July 17-21 9:30am-11:30am
July 24-28 9:30am-11:30am
July 31-August 4 9:30am-11:30am
August 7-11 9:30am-11:30am

Location: WSTC (indoors)

Cost: 1 wk \$200; 2 wks \$375; 3 wks \$550, 4 wks \$725, 5 wks \$900, 6 wks \$1075, 7 wks \$1250, 8 wks \$1425

Deposit: \$100 deposit due at Registration.

Early Registration: Register by paying \$100 deposit by May 7th: save \$25

2023 WSTC Junior Summer Camps

Amount Due : _____

Participant's Name: _____

Age: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

T-Shirt Size (circle one): Child XS S M L XL ; Adult : XS S M L XL; Womens: XS S M L XL

CAMPS (Please check all that apply). Make checks payable to "WSTC" ___June 12-15___ June 19-23 ___June 26-30 ___July 10-14 ___July 17-21
___July 24-28 ___July 31-August 4 ___August 7-11

Deposit (nonrefundable): \$100 due at registration. Balance due the first day of camp.

I give consent for my child, _____, to participate in all camp activities at the West Shore Tennis Club. I will inform WSTC of any pertinent medical conditions _____. I agree that the West Shore Tennis Club and all WSTC staff are not responsible for any injuries suffered by my child while engaged in clinic/camp activities and voluntarily assume the risk that we may be exposed to or infected by COVID-19 while engaged in said tennis activities. Furthermore, I hereby release the aforesaid from any and all liability for such injuries or sickness.

Parent Signature: _____

2023 WSTC Junior Summer Camps**Amount Due :** _____**Participant's Name:** _____**Age:** _____**Address:** _____**Phone:** _____ **Cell:** _____ **Email:** _____**T-Shirt Size** (circle one): Child XS S M L XL ; Adult : XS S M L XL; Womens: XS S M L XL**CAMPS (Please check all that apply). Make checks payable to "WSTC"** __June 12-15 __ June 19-23 __June 26-30 __July 10-14 __July 17-21
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