

**2019 JUNIOR TENNIS CLINIC APPLICATION**  
 For Juniors aged 7 to 13  
 at the FENELON FALLS TENNIS CLUB  
 Sessions Run by Michael Orrett of ORRETT BROTHERS TENNIS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Played tennis before? Yes \_\_\_\_\_ No \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_

Please check space indicating your choice of Clinic:

July dates TBA \_\_\_\_\_

August dates TBA \_\_\_\_\_

July dates TBA \_\_\_\_\_

August dates TBA \_\_\_\_\_

Michael Orrett will be the Junior Instructor; any queries about the Clinics should be directed to

Michael at: Phone: 905-442-2114 E-mail: [morrett21@gmail.com](mailto:morrett21@gmail.com)

or Todd Orrett at: Phone: 289-980-4804 E-mail: [tcjm\\_orrett@rogers.com](mailto:tcjm_orrett@rogers.com)

All Clinics run from 2:00 to 4:00 PM

Fee Schedule for Clinic:

	Fee if Junior Member*	Fee if part of Family Membership**	Fee if non-Member
Fee Per Clinic	\$60.00	\$60.00	\$80.00

\* Junior Membership – for Juniors age 16 or under on September 30, 2019

\*\* Family Membership includes two parents and children who qualify as juniors

**Please make cheques payable to Michael Orrett** and mail to: Box 794, Fenelon Falls ON, K0M 1N0 or give directly to Michael Orrett on the first day of the clinic.

Name of Parent/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby consent as a Parent/Guardian for my child to participate in the above clinic(s).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_