

CAMP REQUEST FORM

SPORT: Tennis DATES OF CAMP: June 16th-19th, 23rd-26th

WHO IS ELIGIBLE?

AGE/GRADE OF PARTICIPANTS: Grades 3-8

NORTON ONLY OR OTHERS: Others

HOW WILL THE CAMP BE ADVERTISED? brochures, newspaper, social media
(Please attach a copy of the camp brochure/flier)

COST: \$ 25 per week

COMPLETE THE FOLLOWING:

*COST BREAKDOWN PER CAMPER

T-Shirt/Jersey	_____	Instruction	<u>\$ 40</u>
Refreshments	<u>\$ 10</u>	Advertising	_____
Prizes	_____	Additional Costs	_____
Total	_____		

*NAMES OF COACHES/INSTRUCTORS:

Phil Seenes Angie Carretta _____

*SALARY BREAKDOWN OF COACHES/INSTRUCTORS:

\$ 250 for whole camp _____

The following should be included in your camp brochure/flier:

*A SPECIFIC TIME SCHEDULE FOR EACH DAY

*OBJECTIVES

*FACILITY USE - PLACES, DATES AND TIMES

(Note: Outside groups must complete facility use form and provide liability insurance)

<u>Phil Seenes</u>	<u>5-2-14</u>
(Signature of Sponsor)	(Date)
<u>Bob Craville</u>	<u>5/2/14</u>
(Signature of Athletic Director)	(Date)
<u>[Signature]</u>	<u>5-2-14</u>
(Signature of Building Principal)	(Date)
_____	_____
(Signature of Superintendent)	(Date)

NORTON SUMMER TENNIS CAMP

WHO: Students entering grades 3-8 in the 2014-2015 school year. Registration is **NOT** limited to Norton students.

WHEN: Week 1--- June 16th -19th

Week 2---June 23rd-June 26th

Fridays will be used for make-up days

TIME: 10:00-11:00am

WHERE: Columbia Woods Tennis Courts-Norton

COST: \$25 per week

The program will consist of:

- o Basics of the game (forehands, backhands, volleys, overheads, serves)
- o Hand-eye coordination drills
- o Court positioning
- o Scoring
- o Games, Contests, & Prizes!

You may register by mail by sending the completed form to:

Athletic Department c/o Phil Seenes
Norton High School
4128 S. Cleveland-Massillon Rd.
Norton, OH 44203

If you have any questions, please contact Coach Seenes by email-pseenes@gmail.com or phone 330-607-6306

Registration Form

Student's Name

Has my permission to attend the Norton Summer Tennis Camp. I hereby waive and release the Norton City Schools and all instructors of any responsibility for injuries or illnesses received while participating in the program.

Grade _____ (2014-2015 school year)

PLEASE CHECK WEEKS ATTENDING

Week 1 _____ Week 2 _____

Signature of Parent/Guardian Cell Phone #

Program registration will be limited to 30 players. Please sign up early!

****Keep this Copy****

****Return this Copy****