

CAMP REQUEST FORM

SPORT: Tennis DATES OF CAMP: June 15-19 2015

WHO IS ELIGIBLE?

AGE/GRADE OF PARTICIPANTS: 9-12

NORTON ONLY OR OTHERS: others

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

COST: \$50

COMPLETE THE FOLLOWING:

***COST BREAKDOWN PER CAMPER**

T-Shirt/Jersey	_____	Instruction	<u>\$50</u>
Refreshments	_____	Advertising	_____
Prizes	_____	Additional Costs	_____
Total	_____		

***NAMES OF COACHES/INSTRUCTORS:**

Phil Seenes Angie Carretta Kyle May

***SALARY BREAKDOWN OF COACHES/INSTRUCTORS:**

\$100 for entire 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

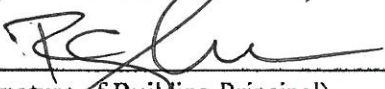
(Note: Outside groups must complete facility use form and provide liability insurance)


(Signature of Sponsor)

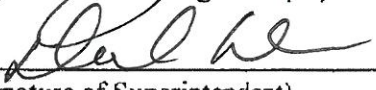
4-19-15
(Date)


(Signature of Athletic Director)

5/5/15
(Date)


(Signature of Building Principal)

5.9.15
(Date)


(Signature of Superintendent)

(Date)



2015 NORTON SUMMER TENNIS CAMP



WHO: Any students entering grades 9-12 in the 2015-2016 school year.
Registration is **NOT** limited to Norton students. Not mandatory for players.

WHEN: June 15th-19th 11:00-12:30pm

WHERE: Columbia Woods Tennis Courts-Norton

COST: \$50 (\$20 for each additional sibling) *Make checks payable to Norton City Schools*

The Camp will consist of teaching the basics of the game (forehands, backhands, volleys, overheads, serves), hand-eye coordination drills, court positioning, scoring, games, contests, & prizes!

Please register by mail by sending the completed form below to:

Athletic Office % Phil Seenes
Norton High School
4128 S. Cleveland-Massillon Rd.
Norton, OH 44203

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

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(Student 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 _____ (2015-2016 school year)

Parent/Guardian signature

Contact #

Please register by June 12th 2015