

CAMP REQUEST FORM

SPORT: Tennis DATES OF CAMP: July 8-12

WHO IS ELIGIBLE?

AGE/GRADE OF PARTICIPANTS: 3rd - 8th grade

NORTON ONLY OR OTHERS: others are invited

HOW WILL THE CAMP BE ADVERTISED? Fliers, Media
(Please attach a copy of the camp brochure/flier)

COST: \$ 45

COMPLETE THE FOLLOWING:

***COST BREAKDOWN PER CAMPER**

T-Shirt/Jersey	_____	Instruction	<u>\$ 45</u>
Refreshments	_____	Advertising	_____
Prizes	_____	Additional Costs	_____
Total	<u>\$ 45</u>		

***NAMES OF COACHES/INSTRUCTORS:**

Phil Seenes Jill McLune

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

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)

Phil Seenes 4-16-19
(Signature of Sponsor) (Date)

Phil Seenes 4/16/19
(Signature of Athletic Director) (Date)

Phil Seenes 4-16-19
(Signature of Building Principal) (Date)

Phil Seenes 4-22-19
(Signature of Superintendent) (Date)



2019 NORTON SUMMER TENNIS CAMP



WHO: Any students entering grades 3-8 in the 2019-2020 school year.
Registration is **NOT** limited to Norton students.

WHEN: July 8th-12th 10:00-11:00am

WHERE: Columbia Woods Tennis Courts-Norton

COST: \$45 (\$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
1 Panther Way
Norton, OH 44203

If you have any questions, please contact Coach Phil Seenes at pseenes@gmail.com or 330-607-6306 or Coach Jill McCune at Ritt_jmccune@tccsa.net or 330-347-9835

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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 _____ (2019-2020 school year)

Parent/Guardian signature

Contact #

Please register by July 2nd 2019