



Junior Development Program

Winter 2018

Jan 2nd – March 5th

(9 weeks)

10 & Under Program (No Guest Fees)

Level	Days/Time	Program Fee drop-in	Program Fee 1 clinic/week	Program Fee 2 clinics/week	Program Fee 3 clinics/week	Program Fee 4 clinics/week
Stage 1, 2 & 3 Ages 5-8 yrs (red ball)	Wed: 5:00-6:00 Sat: 3:00-4:00	\$20 (\$20/hr) 1 clinic	\$144 (\$16/hr) 9 clinics	\$270 (\$15/hr) 18 clinics	\$378 (\$14/hr) 27 clinics	\$468 (\$13/hr) 36 clinics
Stage 3+ Ages 7-10 yrs grn/y/ball	Mon/Wed: 4:30-6:00 Sat: 3:00-4:30	\$30 (\$20/hr) 1 clinic	\$216 (\$16/hr) 9 clinics	\$405 (\$15/hr) 18 clinics	\$567 (\$14/hr) 27 clinics	\$702 (\$13/hr) 36 clinics

Upper Level Program (Non-Members pay additional \$75 Guest Fee/Player)

Level	Days/Time	Fee/Guest drop-in	Fee 1 clinic/week	Fee 2 clinics/week	Fee 3 clinics/week	Fee 4 clinics/week
Intermediate	Wed/Fri: 4:00-6:00 Sat: 3:00-5:00	\$40/\$10 (\$20/hr) 1 clinic	\$324 (\$18/hr) 9 clinics	\$576 (\$16/hr) 18 clinics	\$810 (\$15/hr) 27 clinics	\$1008 (\$14/hr) 36 clinics
Tournament Training/High Performance	T/TH: 4:00-6:00 Sat: 12:00-2:00	\$40/\$10 (\$20/hr) 1 clinic	\$324 (\$18/hr) 9 clinics	\$576 (\$16/hr) 18 clinics	\$810 (\$15/hr) 27 clinics	\$1008 (\$14/hr) 36 clinics
Tournament Training/High Performance	Sat: 12:00-3:00	\$60/\$10 (\$20/hr) 1 clinic	\$486 (\$18/hr) 9 clinics	\$864 (\$16/hr) 18 clinics	\$1215 (\$15/hr) 27 clinics	\$1512 (\$14/hr) 36 clinics
Strength/Agility	T/TH: 3:30-4:00	\$8 1 clinic	\$63 9 clinics	\$108 18 clinics	N/A	N/A

Enrollment Form JD Winter 2018

Please pay all program fees on or before the 1st day of clinics. Players who come to more clinics than originally enrolled will be charged an additional hr fee for additional clinics. All days and times subject to change. Make-ups do not carry forward to next session. No refunds. Non-members enrolled in stage 4 and upper level programs pay additional guest fee. Call the club to schedule make-ups. Pros reserve the right to place kids in select level clinics. Talk to Paul about our Match Play Programs. Questions? Call Mike, Paul or Tom at the club 412-833-3080.

Child's Name: _____ Phone: _____ Time: _____

Parents Name: _____ Cell: _____ # Clinics: _____

Address: _____ Zip: _____ Program Fee: \$ _____

Email: _____ Guest Fee: \$ _____

Age: _____ Level: _____ Days: _____ Total: \$ _____

Make checks payable to: Glen Creek Tennis Club - 1919 Stoltz Road - South Park, PA 15129