



Junior Development Program

Summer 2018

June 12th – August 27th

(11 weeks) (No clinics July 4th)

June 12-14 clinics will meet 4:00/4:30-6:00

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 5-10 yrs (red ball)	Tues/Thurs 11:00-12:30	\$30	\$297	\$528	\$742.50	\$924
Ages 7-10 yrs (grn/y/ball)	Sat 3:00-4:30	(\$20/hr)	(\$18/hr)	(\$16/hr)	(\$15/hr)	(\$14/hr)
		1 clinic	11 clinics	22 clinics	33 clinics	44 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/ 10 & Under Elite	Mon/Wed 12:00-2:00 Fri 4:00-6:00	\$40/\$10 (\$20/hr)	\$396 (\$18/hr)	\$704 (\$16/hr)	\$990 (\$15/hr)	\$1232 (\$14/hr)
		1 clinic	11 clinics	22 clinics	33 clinics	44 clinics
Adv/T.T./High Performance	Mon/Tues/Wed/Thurs 12:00-2:00	\$40/\$10 (\$20/hr)	\$396 (\$18/hr)	\$704 (\$16/hr)	\$990 (\$15/hr)	\$1232 (\$14/hr)
		1 clinic	11 clinics	22 clinics	33 clinics	44 clinics
Adv/T.T./High Performance	Mon/Wed 12:00-3:00	\$60/\$10 (\$20/hr)	\$594 (\$18/hr)	\$1056 (\$16/hr)	N/A	N/A
		1 clinic	11 clinics	22 clinics		
Strength/Agility	Tues/Thurs: 2:00-2:30	\$8	\$77	\$132	N/A	N/A
		1 clinic	11 clinics	22 clinics		

Enrollment Form JD Summer 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 or Jake about our Match Play Programs. Schedule Questions? Call Mike or Paul or Jake. Billing Questions? Call Mike 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