



New Albany Tennis Center

Central Ohio's Exclusive IMG/Bollettieri Tennis Academy Affiliate Club
phone: (614) 855-6230 fax: (614) 855-6232 www.newalbanytennis.com
Located inside Thompson Park, 5600 Thompson Rd, Gahanna 43230

1st Annual Spring Break Camp (Adults & Juniors) & Boys Tennis Season Tune Up Mon-Fri, March 26-30

* NATC Members & Public Welcome! * Great Extra Training for All Levels of Play

* Camps Directed by Paul Kobelt & Feature all of NATC / KTA's Certified Coaches plus Guest Pros.
* Pre-registration and pre-payment required – last minute sign ups accepted, call first to confirm a spot.

Adult Camp : 11am – 1:30 pm (Four levels each day: 2.5, 3.0, 3.5, 4.0)

Players grouped on courts according to level each day, IMG/Bollettieri Academy style drills covering all skills, coach on each court; match play with coaching.

Days attending: ___Monday 3/26 ___Tuesday 3/27 ___Wednesday 3/28
___Thursday 3/29 ___Friday 3/30

FEES: NATC Members: ___\$95/5 days, or ___\$25/day Public: ___\$120/5 days, or ___\$30/day

HP 2, Future Stars and HP Quickstart: 11am-1:30pm

Three levels each day: 12 & Under, 10 & Under, 8 & Under

Players will be grouped by age daily, older kids not with younger kids, IMG / Bollettieri Academy style drills, coach on every court; pizza/snack break; team tennis singles & doubles, live ball games.

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HP1, HP-CTC, College Player & TPD Camp: 1:30 - 4pm

Limited to college players, HP-CTC, HP I and Team Player Development Players.

Players will be grouped by age and ability, daily. Intense 2.5 hour comprehensive workout. Excellent preparation for boys starting their school team season.

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Special Spring Break Court Rental Offer:

\$22/hr Court Rental for NATC Members & Public at all times: 3/26-3/30/18!

To register for Spring Break Camp, please fill in the names, ages and days of attendance on the registration form for the desired camp week and then complete and send, e-mail or call in the payment information below.

Payment Agreement:

I authorize New Albany Tennis Center to charge my membership dues and any outstanding monies for clinics, court fees, events, leagues or lessons to my: MasterCard Visa Discover

My credit card number: _____ Expiration Date: _____

It is further expressly agreed that all exercise and the use of all facilities shall be undertaken by the member (& family or guests) at his/her (their) own risk and that the member (& family/guests) shall hold New Albany Tennis Center harmless for any and all bodily injury, theft and/or property damage resulting from the use of the facilities or attendance at the club.

Signature: _____ Date: _____

Player Name: _____ Clinic and Day: _____

Parent Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Email: _____

Please forward completed form with credit card information or a check made payable to New Albany Tennis Center.

New Albany Tennis Center, P.O. Box 712 New Albany, Ohio 43054

www.newalbanytennis.com

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