

# HOLIDAY PROGRAMS

## SEPTEMBER / OCTOBER

# TENNIS CLINICS

VENUE: EAST MALVERN TENNIS CLUB [10 Moira St. East Malvern - opposite Darling train station]

ALL AGES & STANDARDS, GIRLS & BOYS WELCOME!

First Week: MON 25 - THU 28 SEPT

Second Week: MON 2 - FRI 6 OCT

Week  
bookings  
receive  
1 DAY FREE



ActiveActivities



A U S T A E V E N T

**FEATURING:**

## US OPEN "HOT SHOTS" TOURNAMENT

28 SEPT THURSDAY 1 - 3.30 PM

All Hot Shots enrolled in the afternoon clinic participate in the tournament.

Hot Shots starter tournaments are a great way for pupils to experience the thrill of match play in a multi-match round robin format.

Pupils play in their own colour ball programs red, orange and green against players of similar ages under qualified coach supervision.



**Hurry BOOK NOW -  
Limited places!**

**Fee: \$45 [includes gift pack &  
Hot Shots T-shirt]**



[info@futurestennis.com.au](mailto:info@futurestennis.com.au)

**Enquiries 9813 8484**

# FUTURES TENNIS Holiday Clinics Registration Form

Please fill out the registration form below to register for  
first week Mon 25 - Thu 28 Sept ember AND/OR second week Mon 2 - Fri 6 October.

First week		Fee	Mon	Tues	Wed	Thu	Fri	5 days	HS Tour.
Half Day Program	\$45 per day		1 2 3	1 2 3	1 2 3	1 2 3	n/a	1 2 3	Thursday only 1-3.30 pm \$45
9:30am - 12:30pm	\$180 5 days								
Full Day Program	\$80 per day		1 2 3	1 2 3	1 2 3	1 2 3	n/a	1 2 3	1 2 3
9:30am - 3:30pm	\$320 5 days								
Second week		Fee	Mon	Tues	Wed	Thu	Fri	5 days	n/a
Half Day Program	\$45 per day		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
9:30am - 12:30pm	\$180 4 days								
Full Day Program	\$80 per day		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
9:30am - 3:30pm	\$320 4 days								

Student 1	Name		D.O.B	/ /	Total \$
Student 2	Name		D.O.B	/ /	Total \$
Student 3	Name		D.O.B	/ /	Total \$

**PLEASE SEND REGISTRATION FORM & PAYMENT: Futures Tennis 27 MURRAY ST, ELSTERNWICK 3185, VIC.**

PARENT DETAILS	
Name	
Address	
Tele [M]	[H]
Email	

PAYMENT DETAILS	
Payment types: 1. Cheque enclosed OR 2. Credit Card : Please circle Master OR Visa [2% fee. ] Credit Card Number below:	
	<input type="checkbox"/>
Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total FEES:	\$ <input style="width: 100px;" type="text"/>

I have read, understood and agree to the Registration Conditions. Declaration / Signature .....

### Registration Conditions:

**NO REFUNDS:** FTA has a strict no refunds policy. Please be sure you are available to attend on your booking day/time. Credit to another clinic will be given for sickness, or injuries, with a signed Medical Certificate. Confirmation of your booking will not be sent unless requested.

**RAIN/HEAT OUT:** In the event of rain/heat out, classes continue indoors using our experienced indoor tennis program.

**SUNSMART:** Be sun smart. Don't forget sunscreen, cap, drink bottle etc.

**SNACK/LUNCH:** The morning & afternoon clinic has a small break so bring a snack. If attending the full day bring lunch also.

**PROMOTIONAL POLICY:** By enrolling into the Holiday programs you authorize FTA the right to use for strictly promotional purposes only images for flyers, posters, website etc. If you have an objection please advise the office asap.

**MEDICAL POLICY:** I authorize FTA to obtain medical assistance for my child as they see fit and will meet all expenses.