



RACQUETZ TENNIS COACHING

ORMOND P.S. 2016

Dear Parents,

Tennis coaching will commence on Monday, 1st February, 2016.

The term will consist of 8 lessons. We will try to manage lessons according to your child's experience and ability. Please list below your child's ability level.

Lesson times are as below. Please mark your preferred time and a second preference.

Preference A

Preference B

Monday morning

Monday afternoon

8.00am – 8.40am

Session 1 - 3.30pm – 4.10pm; **Session 2** - 4.10pm – 4.50pm

(Please note- Monday 14th March is Labour Day. This lesson will be held on Wednesday 16th March as a combined lesson at 8.00am)

Preference C

Preference D

Wednesday morning

Wednesday afternoon

8.00am – 8.40am.

Session 1 - 3.30pm – 4.10pm **Session 2** – 4.10pm – 4.50pm

Preference E

Thursday afternoons

3.30pm – 4.10pm

Please return forms and money by Friday 4th December. Places are limited so preference will be given to the first returned forms and money.

The Term fee is \$115.00 for the first child and then \$100.00 per sibling. Payments can be made by cheque or cash. Cheques are to be made payable to Michael Pannam. All payments are to be given directly to Michael Pannam. No payments for this tennis program will be accepted via your child's classroom or the Ormond Primary School Office.

Thank you

Michael Pannam

Tennis.Australia Level 1 Development Coach - Australian Tennis Professionals Level 2 Coach
Hotshots Ambassador/Coach - SSV StateTennis Sub-Committee

PLEASE RETURN BY FRIDAY 4TH DECEMBER 2015 TO MR. PANNAM.

I _____ give my child _____ in year _____

permission to participate with Racquetz Tennis Coaching in first term, 2016 at Ormond P.S.

Experience (please circle)..... Beginner.....Efficient (had lessons).....High level

Please circleI have enclosed ... \$115.00 \$100.00 (sibling payment)

Preference 1 _____ Preference 2 _____

In case of an accident, I authorize the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Name _____ Signed _____ Date _____

Contact phone number _____ Emergency phone number _____