

Summer Tennis 2017

Ocean Township, New Jersey 07712
andretenniscamps@hotmail.com

 **JUNIOR HALF DAY (9 AM -12 NOON)
& FULL DAY CAMP (9 AM -4PM)**
June 19th – September 1st (11 week sessions)

 **JUNIOR TRAVELING TEAM**

 **PEEWEE (AGE 4 - 7)**

 **ADULT INTERMEDIATE CLINIC**

 **WOMEN'S ROUND ROBIN DOUBLES**

 **INDIVIDUAL & PRIVATE GROUP LESSONS**

**ALL PROGRAMS ARE OPEN TO MEMBERS & NON MEMBERS OF THE
TOWNSHIP OF OCEAN COMMUNITY POOL & TENNIS FACILITY.**



Junior Half Day Camp

These 5 day camps are for beginner, intermediate, and advanced juniors ages 8-17.

Beginner level camps focus on having fun by learning the basic strokes, keeping score, and developing sound practice habits.

Intermediate and advanced programs concentrate more intensely on consistency, footwork, concentration and the development of all strokes through a series of drills and match play

	Members	Non-Members	Sessions	
Cost per session	\$200	\$230	June 19-23	July 24-28
5 sessions	\$900	\$1035	June 26-June 30	July 31 – 4
8 sessions	\$1400	\$1,610	July 3-7	August 7- 11
Times	M – F	9:00 am – 12 noon	July 10-14	August 14- 18
			July 17-21	August 21-25
				August 28-Sep.1



Junior Full Day Camp

This *Rain or Shine* program complements the half day camps with supervised challenge matches, swim time and lunch time.

See André for rain schedule

	Members	Non-Members	Sessions	
Cost per session	\$400	\$430	June 19-23	July 24-28
6 sessions	\$2200	\$2365	June 26-June 30	July 31 – 4
Times	M – F	9:00 am – 4:00 pm	July 3-7	August 7- 11
			July 10-14	August 14- 18
			July 17-21	August 21-25
				August 28-Sep.1

Junior Traveling Team



- Organized challenges and match play against junior teams from other shore tennis clubs.
- Round Robin Singles Tournament (*Prizes & Trophies awarded*)

Open to juniors ages 9-17. Players must be able to serve and keep score.

- *Driving to matches will be required of parents.*
- *Each student must bring an unopened can of balls to all the home matches.*

	Members	Non-Members
Cost	\$250	\$270

Matches schedule: TBA

US Open (Qualifiers) Bus Trip

Cost	\$60
Times	8:00 am – 7:00 pm

Wednesday, August 23rd

Rain or Shine



PeeWee

Introduce children ages 4 - 7 to the game of tennis in a fun and rewarding way.



	Members	Non-Members	Sessions	
Cost per session	\$80	\$100	July 3-7	July 31 - 4
			July 17 - 21	August 14- 18
Times	M, T, Th, F	9:00 am - 9:45 am	(no program on Wednesdays)	

Adult

Low Intermediates Clinic: Includes **6** lessons held on consecutive *Mondays*.

	Members	Non-Members	Session
Cost	\$120	\$140	July 17 - August 21
Times	Mondays: 6:00 pm - 7:00 pm		1 st class: July 18th

Women Round Robin Doubles:

Organized challenge matches & practices with assigned partners.
For intermediate players or Skill level (*NTRP*): 2.0 & 2.5

	Members	Non-Members	Session
Cost	\$280	\$300	June 13 - August 22
Times	TBA		

Registration Form

Mail / Bring: Dept. of Human Services, Attention: Andre Blanquer, Tennis
601 Deal Road, Ocean, NJ. 07712
Checks payable to ASCA

Are you a member of the Ocean Community Pool & Tennis Facility? Yes No

Player Level: Beginner - Intermediate - Advanced

Program chosen: _____

Session(s): _____

Make checks payable to **ASCA** Check amount: _____

All fees must be paid in full at time of registration

Participant(s) name: _____ Age(s) _____

Address _____

Phone (Cell.) _____ (H) _____

Email _____

- There will be **no refunds due to student / player's absence**
- We will schedule **makeup classes** for each lesson not held, **due to rain only**.
- For program cancellations and rescheduling time call: **732-531-2600 ext. 6235**
- Each student must bring their racket and one unopened can of tennis balls on Monday

1. Does the above noted registrant require special assistance or accommodations to enjoy the program? If yes, please note the physical or developmental disability and limitation and include it with the registration form. Request for special assistance must be received at least **three weeks** prior to the start of the program.

2. Due to strenuous nature of some activities, registrants should consult a physician prior to participation. It is the responsibility of participants to inform the facility of any disabilities which may limit his/her participation in these programs. Please note that participants assume the responsibilities of all reasonable risks which may exist due to participation in these programs.

3. Photographs/videos/statements of/by/about my child may be used in promoting **ASCA**

4. Participant's parent or guardian signature:

(Required)

x _____