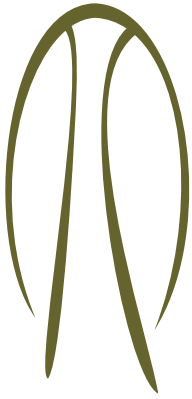


Squash

Winter/Spring Junior Squash Clinic



SPORTSPLEX

10 Week Program

			Member	Non-Member
Thursdays	Feb 18th – April 22nd	4:15PM–5:15PM	\$550	\$585
Fridays	Feb 12th – April 16th	3:45PM-4:30PM	\$450	\$485
Fridays	Feb 12th – April 16th	5:15PM-6:00PM	\$450	\$485
Saturdays	Jan 30th – April 3rd	11:15AM–12:15PM	\$550	\$585
Sundays	Jan 31st – April 4th	1:30PM–2:15PM	\$450	\$485
Mondays	Feb 1st – April 5th	5:15PM–6:00PM	\$450	\$485

One make up session is allowed at the end of the 10 weeks.

Squash Clinic Registration

Name: _____ Email _____

D.O.B: _____ Age: _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Day Phone: _____

Select Clinic

Thursday Friday 3:45 Friday 5:15 Saturday Sunday Monday

Beginner Intermediate

Method of Payment

Cash Check Credit card

Credit card # _____ Exp date _____

Signature _____

For more information contact **Kumail Mehmood** (203) 536-4308
or email kumail@sportsplex-ct.com