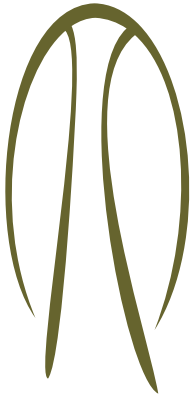


Squash

2024-2025 Fall-Winter Junior Squash Clinic



SPORTSPLEX

10 Week Program			Member	Non-Member
Thursdays	Nov 14th – Jan 23rd	4:15PM-5:15PM	\$550	\$600
Fridays	Nov 15th – Jan 24th	3:30PM- 4:30PM	\$550	\$600
Saturdays	Nov 16th – Jan 25th	10:30AM-11:30AM	\$550	\$600
Sundays	Nov 17th – Jan 26th	11:30AM-12:30PM	\$550	\$600

**NO CLINIC WILL BE HELD ON:
DEC 26TH, 27TH, 28TH, AND 29TH**

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 Saturday Sunday

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