

SQUASH CLINICS

at Bethesda Sport&Health

SESSIONS:

- **FALL** September 6 - December 6, 2008 (Discount deadline: Sept. 1, 2008)
- **WINTER** January 10 - March 14, 2009 (Discount deadline: January 1, 2009)
- **SPRING** April 18 - June 10, 2009 (Discount deadline: April 1, 2009)

NOTE: Sessions are for 10 weeks and exclude Sport&Health Tournament Weekends.

SCHEDULE:

DAY	TIME	LEVEL
Monday	Fall/Spring: 4:30-5:30pm	Beginners - Good Beginners Ages 12-17 years
Thursday	Fall/Spring: 3:30-4:30pm	Beginners - Good Beginners Ages 8-12 years
Saturday	1:30-2:30pm	Advanced
Saturday	2:30-3:30pm	Beginners ages 7-11 years
Saturday	3:30-4:30pm	Beginners ages 12-17 years
Saturday	4:30-5:30pm	Good Beginners - Intermediate



MEMBER COST:

- **BEGINNER** \$250 per session (if paid before deadline)
\$275 per session (if paid after deadline)
- GOOD BEG. - INTER.** \$280 per session (if paid before deadline)
\$308 per session (if paid after deadline)
- **ADVANCED** \$320 per session (if paid before deadline)
\$352 per session (if paid after deadline)

NONMEMBER COST:

- **BEGINNER** \$287.50 per session (if paid before deadline) 15% access fee.
\$300 per session (if paid after deadline) 20% access fee.
- GOOD BEG. - INTER.** \$322 per session (if paid before deadline) 15% access fee.
\$336 per session (if paid after deadline) 20% access fee.
- **ADVANCED** \$368 per session (if paid before deadline) 15% access fee.
\$384 per session (if paid after deadline) 20% access fee.

***10% DISCOUNT**

IF PARTICIPATING IN 2 CLINICS PER WEEK!

COACHES:

Rod Barnes, Connie Barnes,
Matt Dankner

CONTACT:

Connie Barnes
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BETHESDA SQUASH CLINICS Registration Form

Name _____ Age _____

Phone # (h) _____ (w) _____

Child's Member # _____

E-mail address _____

LEVEL: Beginner Good Beg. - Intermediate Advanced

What day/time are you registering for: _____

Do you have any medical problems? _____

Type of Payment: Cash Check MasterCard
 Visa AMEX Discover

Card #: _____ Exp Date: _____

Signature: _____ Date: _____

RELEASE: In consideration of making facilities and/or services available, I do hereby for and on behalf of myself and my heirs and legal representatives, release and forever discharge Sport & Health, its owners, manager and representatives from any and all claims and demands of every kind, nature and character which I may have or hereafter acquire for any and all damages or losses which may be suffered or sustained by me in connection with my activity and all such claims are hereby waived and released.

Signature: _____ Date: _____

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