



2018 SYTC Youth Program

Application

Participant's Name: _____ Age: _____

Telephone Number: _____

Contact Email: _____

Adult Name: _____

Telephone Number: _____

Contact Email: _____

Participant's Level: *please check one:*

Beginner: 12:30-1:30pm ____

Intermediate/Advanced 1:30-2:30pm ____

Member fee:

\$210.00 (8 weeks) M-W-F

\$140.00 (4 weeks) M-W-F

\$40.00 (1 week) M-W-F

Non-member fee:

\$240.00 (8 weeks) M-W-F

\$160.00 (4 weeks) M-W-F

\$50.00 (1 week) M-W-F

--

Please mail payment to: Richard Shannon
c/o South Yarmouth Tennis Club PO Box 124,
South Yarmouth MA by June 1, 2017