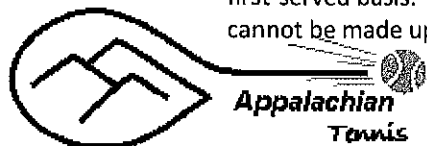


TENNIS '25

USPTA Certified
Director



This is a non-school sponsored activity

Appalachian Tennis Tennis Camps & Clinics

Northern High School, Dillsburg, PA



Saturday Morning Youth Clinics (18 & Under)

Beginner / Adv. Beg. Clinics – held from 8:00 a.m. to 9:30 a.m. (1.5 hr/day)
Intermediate / Advanced Clinics – held from 9:30 a.m. to 11:30 a.m. (2 hr/day)

Session #	Dates	# of Clinics	Beg / Adv Beg Cost	Int / Adv Cost
S1	April 5, 12, 19, 26, May 3, 10	6	\$140	\$185
S2	May 17, 24, 31, June 7, 14	5	\$120	\$155
S3	July 12, 19, 26, Aug 2, 9, 16, 23	7	\$165	\$215
S4	Aug 30, Sept 6, 13, 20, 27, Oct 4, 11	7	\$165	\$215

Adult 4 – Day Camps (18 & Over)

Adult Clinics – held from 6:00 p.m. – 7:30 p.m. (1.5 hr/day)

Session	Dates	# of Clinics	Cost
A1	June 16, 17, 18, 19	4	\$100
A2	July 28, 29, 30, 31	4	\$100

Summer Camps (18 & Under)

Beginner / Advanced Beginner Camps held M – Th from 8:00 a.m. to 10:00 a.m. (2 hr/day)
Intermediate / Advanced Camps held M – Th from 10:00 a.m. – 12:30 p.m. (2.5 hr/day)

Camp	Dates	Rain Make Up Date	Beg / Adv Beg Cost	Int / Adv Cost
C1	June 16 – 19	NA	\$125	\$155
C2	July 28 – 31	August 1	\$125	\$155
C3	August 4 – 7	August 8	\$125	\$155

Limited slots are available. Please sign up early to reserve your slot. Slots will be filled on a first-come, first-served basis. Refunds will only be given in the event a clinic or camp day must be canceled and cannot be made up. Outdoor private lessons are also available upon request (@ \$40 / hr).

To sign up contact Tom Seltzer (USPTA Certified Instructor)
Email: tastennis@yahoo.com Phone: 717-706-4069 (Please leave a message.)

Looking forward to seeing you on court!

2025 Camp / Clinic Registration Form

Name: _____

Address: _____

Contact Phone: _____

Email: _____

Age (Youth Only): _____

T-Shirt Size (circle one): YS YM YL AS AM AL AXL

Waiver & Release: I agree to hold Appalachian Management, the staff, and USPTA harmless for any injuries sustained by me or my child,

(Name of participant)

while participating in any athletic activities conducted by them or their staff. I also acknowledge I understand the fact that athletic activities by their very nature can be dangerous.

(Signature of participant or guardian) (date)

Please check **BOTH** the session(s)/camp(s) you plan to attend **AND** the correct level of experience.

	Clinic / Camp	Beg. / Adv. Beg.	Int. / Adv.
<input type="checkbox"/>	S1	<input type="checkbox"/> \$140	<input type="checkbox"/> \$185
<input type="checkbox"/>	S2	<input type="checkbox"/> \$120	<input type="checkbox"/> \$155
<input type="checkbox"/>	S3	<input type="checkbox"/> \$165	<input type="checkbox"/> \$215
<input type="checkbox"/>	S4	<input type="checkbox"/> \$165	<input type="checkbox"/> \$215
<input type="checkbox"/>	A1	-----	\$100
<input type="checkbox"/>	A2	-----	\$100
<input type="checkbox"/>	C1	<input type="checkbox"/> \$125	<input type="checkbox"/> \$155
<input type="checkbox"/>	C2	<input type="checkbox"/> \$125	<input type="checkbox"/> \$155
<input type="checkbox"/>	C3	<input type="checkbox"/> \$125	<input type="checkbox"/> \$155

Total Enclosed: \$ _____

Make checks payable to **Appalachian Management**
Mail To: Appalachian Management, 40 Leah St, Dillsburg, PA 17019

Cut along dotted line. Please retain left side for dates.