



6 - Week* Spring Junior Program

May-June

- ⇒ 4 : 1 Student to Pro ratio
- ⇒ Quick – Start when appropriate
- ⇒ Appropriate tennis attire and non marking tennis shoes required.
- ⇒ Practice Time: Weekday afternoons.
- ⇒ There are NO MAKE-UPS

Evaluation for placement of new students above the beginner level only.

Please call 939-1300 to set up day and time.
Be sure to submit application with payment prior to Evaluation.
Evaluation.

½ Hour Tykes (age 4-5)

- Movement drills
- Hand-eye development
- Introduction of strokes

¾ Hour Tots (age 5-7)

- Technique
- Fun hand/eye coordination games
- Basic footwork

1 Hour Training (age 7+)

- Stroke production
- Scoring & etiquette
- Competitive drill games

1 ½ Hour Training (age 9+)

- Footwork
- Technique
- Strategy & tactics
- Point play

2 Hour Intensive Training

- Advanced technique
- Agility & fitness drills
- Intensive situational drills
- Supervised matches



Enrollment is subject to availability of players of appropriate age, level and ability. Gender and physical size are also considered. All requests should be written on application. You will be notified with placement of day and time

303 Boston Post Road • Port Chester, NY 10573 • 914.939.1300 www.soundshoreindoortennis.com

Please Detach Here

Spring Junior Program Application

Sound Shore Indoor Tennis LLC

New _____ Returning _____

Student's Name: _____

Grade: _____ Age: _____ DOB: _____

Parent's Name: _____

B/G: _____ Left /Right Handed: _____

Address: _____

E-Mail: _____

City: _____ State: _____ Zip: _____

Tele#: (H) _____ (C) _____

I wish to play: 1 Day _____ 2 days _____ 3 days _____

Skill Level: Beg _____ Adv Beg _____ Low Int _____ Intermediate _____ Adv _____

Class: 1/2hr: _____ 3/4 hr _____ 1Hour: _____ 1 ½ Hrs: _____ 2 Hours: _____

Day (s): 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Times available (3:30-6 pm): _____

For Office Use Only

PAYMENT IN FULL FOR FIRST CHOICE IS REQUIRED WITH APPLICATION. Make checks payable to Sound Shore Indoor Tennis LLC. I understand that my deposit will be refunded if I cannot be placed in a class of my choice above, or I withdraw by May 10th. I grant permission to Sound Shore Indoor Tennis LLC to utilize photos and/or videos of my child for promotional use, and my e-mail to receive messages from us. By signing below I acknowledge that I have read, understand, and abide by Terms and Conditions of Sound Shore Indoor Tennis LLC.

Parent's Signature: _____ Date: _____