



1. CLINIC SELECTION (Circle applicable rate)



SUMMER TERM: June 1 - September 3
NO CLASS: July 5

Camps	Dates	Days of Week	Sessions	Session Length	Beginner			Intermediate		
					Time	Cost		Time	Cost	
						Member	Non-Member		Member	Non-Member
Week 1	6/1-6/4	T-F	4	3 hrs	9AM-12PM	\$480		12PM-3PM	\$480	\$540
Week 2	6/7-6/11	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 3	6/14-6/18	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 4	6/21-6/25	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 5	6/28-7/2	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 6	7/6-7/9	T-F	4	3 hrs	9AM-12PM	480		12PM-3PM	480	540
Week 7	7/12-7/16	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 8	7/19-7/23	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 9	7/26-7/30	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 10	8/2-8/6	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 11	8/9-8/13	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 12	8/16-8/20	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 13	8/23-8/27	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675
Week 14	8/30-9/3	M-F	5	3 hrs	9AM-12PM	600		12PM-3PM	600	675

Clinics	Dates	Days of Week	Sessions	Session Length	Time	Cost	
						Member	Non-Member
Mini I	6/1-7/18	Sa	7	1 hr	9AM	\$280	
Mini II	7/19-9/3	Sa	6	1 hr	9AM	240	
Beginner I	6/1-7/18	T, Th, Sa	21	1 hr	3PM-4PM	840	
Beginner II	7/19-9/3	T, Th, Sa	20	1 hr	3PM-4PM	800	
Intermediate I	6/1-7/18	M, W, F	19	1 hr	4:30PM-5:30PM	\$760	\$950
Intermediate II	7/19-9/3	M, W, F	21	1 hr	4:30PM-5:30PM	840	1,050
Elite I	6/1-7/18	M, W, F	19	1.5 hrs	3PM-4:30PM	1,140	1,425
Elite II	7/19-9/3	M, W, F	21	1.5 hrs	3PM-4:30PM	1,260	1,575

Clinics may be prorated for mid-term starts or early terminations if requests are made in advance.



2. PLAYER REGISTRATION

Player Name _____ Age _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile _____



3. METHOD OF PAYMENT (Credit card payment for non-members only. Payments will be processed upfront upon receipt of registration and credit card information will be destroyed within 10 days of payment in full. Make up sessions permitted based on availability within the Term only. Ox Ridge refund policy available upon request. Ox Ridge Members will be billed automatically to house accounts.)

Check (must be received prior to the start date) Credit Card

Name on Credit Card _____ Credit Card Number _____

Expiration Date _____ CVV _____ Signature _____



4. Email completed form to squash@oxridge.com