



- Progressive tennis coaching techniques and equipment
- Multi-sport and fitness environment
- Shaded areas and rest zones for all campers
- Progress and Activity Report Booklets provided
- Safe and fun camp experience following all guidelines
- Art & Crafts programs

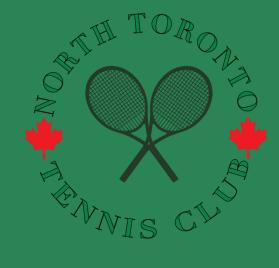














Camp Schedule

JUNE

JUNE 17-21

WEEK 1 - MORNING

ONLY

ONLY

JUNE 24-28 • WEEK 2 - MORNING

WEEK 1 - HALF DAY - \$261.06+ **HST - \$295**

WEEK 2 - HALF DAY - \$261.06 + **HST - \$295**

JULY

JULY 2-5

● WEEK 3 — 4 DAY WEEK Tues-Fri

HALF DAY - \$207.96 + HST - **\$235**

FULL DAY NO LUNCH - \$367.26 + HST - \$415

FULL DAY WITH LUNCH - \$398.23 + HST - \$450

JULY

JULY 8-12

WEEK 4

JULY 15-19

WEEK 5

JULY 22-26

WEEK 6

JULY 29-AUG 2

WEEK 7

HALF DAY - \$261.06 + HST - **\$295**

FULL DAY NO LUNCH - \$455.75 + HST - **\$515**

FULL DAY WITH LUNCH - \$495.58 + HST - **\$560**

AUGUST

AUG 12-16

WEEK 8

AUG 19-23

WEEK 9

AUG 26-30

WEEK 10

HALF DAY - \$261.06 + HST - **\$295**

FULL DAY NO LUNCH - \$455.75 + HST **- \$515**

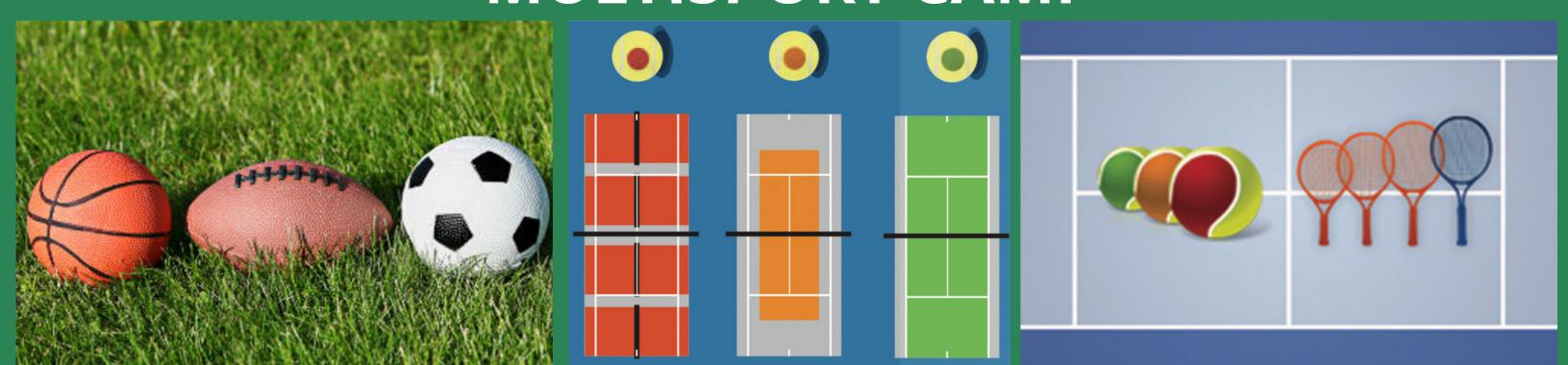
FULL DAY WITH LUNCH - \$495.58 + HST - **\$560**

HALF DAY - 9:00am-Noon OR 1:00pm-4:00pm (please choose) FULL DAY CAMP 9:00am-4:00pm

→ CAMPER DROP OFF STARTS AT 8:45AM OR 12:45PM – CAMP STARTS ON COURT AT 9:00AM OR 1:00PM

→ EXTENDED CARE IS AVAILABLE — PLEASE CONTACT MARK CRONE FOR PRICING

MULTISPORT CAMP



FOLLOW THE TENFIT PATHWAY!





Wilson



2024 REGISTRATION FORM

Please complete the following registration form.

Last Name:	First Name: ₋			
Address:				
City:		Postal Code: _		
Home Phone:	Cell/O	ffice Phone:		
E-mail Address:				
Medical Condition / Hea	Ith Concerns / Allerg	gies:		
Health Card Number:				
Name of Parent of Guar	dian(s) (Junior Progra	am Only):		
Date of Birth: Day	/ Month	/ Year	/ Age	
Gender (Please Circle) N	1ale / Female			
In case of emergency pl	ease contact:	Rela	tion:	
Phone Number:				
WEEK (please circle): WEEK 1	WEEK 2 WEEK 3 W	EEK 4 WEEK 5 WEE	K 6 WEEK 7 WEEK 8	WEEK 9 WEEK 10
SESSION (please circle): MORNII	NG 9:00AM-NOON / AFTERI	NOON 1:00PM-4:00PM /	FULL DAY WITH LUNCH / F	ULL DAY NO LUNCH
	TOTAL AI	MOUNT \$		
PI FASE FM	IAIL COMPLETED FORI	M TO: mark@north	ntorontotennis com	
I LLASE LIVI	AIL COMIT LETED TOK	W 10. Markenorth	itorontotermis.com	
E-TRA	NSFER PAYMENTS TO	: mark@northtoro	ntotennis.com	
Waiver: I, the undersigned, submit that my affiliates, employees, directors, face experience illness or injury during I hereby authorize the staff of Tentam solely reponsible for any such named is covered by my personal	ilities and all other related pa his/her participation in the pr fit to act accordingly to their b medical expense over and ab	rties of any and all liability rogram. best judgement in any eme	or responsibility in the case	that my child should ention. I understand that I
[] (Please check) I have read and	d understand the 2024 Rules	and rain policy.		
Applicant Signature:				
Parent Signature:		Date:		