



QuickStart - Spring 2012

Come experience the tennis program that's sweeping the nation!

For boys & girls, 5 to 10 years old. Beginners to Advanced.

Coached by:

Chris Bovett - USPTA, P-1. 2000 USPTA Texas Division Coach of the Year. 2001 USPTA National Touring Coach of the Year.

Andre Costilla - Former Texas Super Championship Junior who trained under Chris Bovett in Houston and Emilio Sánchez in Spain at the famous Sánchez-Casals Tennis Academy.

Dates

January 10, 12, 14, 17, 19, 21, 24, 26, 28, 31

February 2, 4, 7, 9, 11, 14, 16, 18, 21, 23, 25, 28

March 1, 3, 6, 8, 10, 13*, 15*, 17, 20, 22, 24, 27, 29, 31

April 3, 5, 7, 10, 12, 14, 17, 19, 21, 24, 26, 28

May 1, 3, 5, 8, 10, 12, 15, 17, 19, 22, 24, 26, 29, 31

Times

Tues and Thurs 4:00 to 5:00 PM (**except Mar. 13 and 15, which are 2:00 to 3:00 PM**)

Saturdays 1:15 to 2:15 PM

For more information contact Chris Bovett (713) 443-9438 (cell) or go to www.cbtennisacademy.com.

Name: _____ Age: _____ Birthdate: _____

Street Address: _____

City: _____ Zip: _____

Parent Names: _____

Telephone Numbers:

(Home) _____ (Work) _____ (Cell) _____

E-mail Address: _____

Enrollment (check first or second circle for any month)

January	<input type="radio"/> all 10 days - \$180 (or \$150 for members)	<input type="radio"/> daily - \$23 (or \$18 for members)
February	<input type="radio"/> all 13 days - \$216 (or \$180 for members)	<input type="radio"/> daily - \$23 (or \$18 for members)
March	<input type="radio"/> all 10 days - \$252 (or \$210 for members)	<input type="radio"/> daily - \$23 (or \$18 for members)
April	<input type="radio"/> all 13 days - \$216 (or \$180 for members)	<input type="radio"/> daily - \$23 (or \$18 for members)
May	<input type="radio"/> all 11 days - \$252 (or \$210 for members)	<input type="radio"/> daily - \$23 (or \$18 for members)

Note: All payments must be made in advance. No refunds or make-ups.

Billing (check one)

Please bill my credit card (circle one)






Credit Card Number: _____

Credit Card Expiration Date: ____ (Month) / ____ (Year)

Please bill my Chancellors Family Center account # _____

Enclosed is my check in the amount of \$ _____

Enclosed is cash in the amount of \$ _____

Medical & Liability Release (please sign)

I hereby release Chancellors Family Center and its employees and sponsors of all responsibility in the event of any injury. I also consent to emergency medical or hospital service that may be rendered at designated hospitals by appointed physicians in the event such need arises in the opinion of a duly licensed physician.

Signed _____