

Kids' Summer Program

12 Students Per Class



Summer Camp

| Date | Time | Session | Price |
|---------------|----------------|------------|--------------------------------------|
| 07/05 - 07/09 | 9 Am - 4:30 Pm | Session #1 | \$ 450/Week Or \$3000 For 7 Weeks |
| 07/19 - 07/23 | | Session #2 | |
| 07/26 - 07/30 | | Session #3 | |
| 08/02 - 08/06 | | Session #4 | |
| 08/09 - 08/13 | | Session #5 | |
| 08/16 - 08/20 | | Session #6 | |
| 08/23 - 08/27 | | Session #7 | |

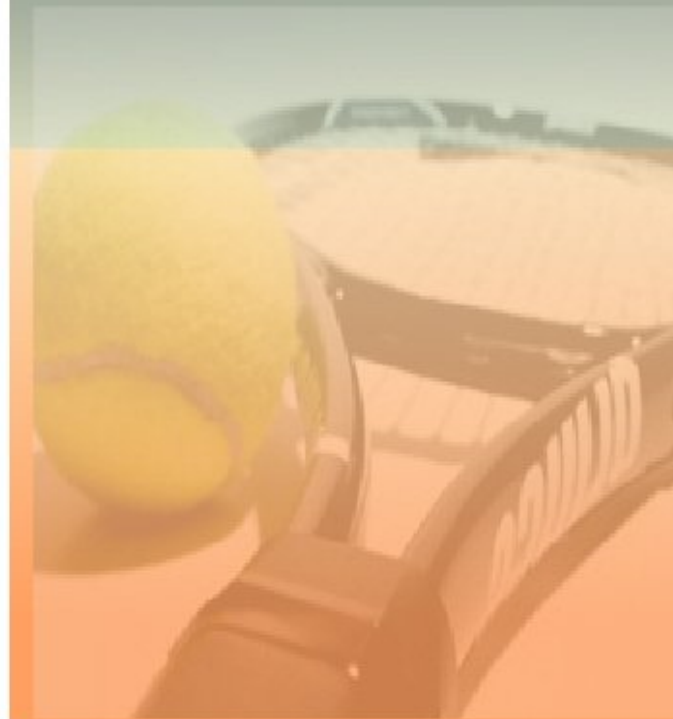
You May Bring Your Child For A couple Of Hours Or For A Couple Of Days Only...

Please Contact JB For More Info

(973) - 493 - 4520

www.JbTennisAcademy.com

JB Tennis Academy



Flyer Designed By



The Complete Internet Solution Platform Uniquely Designed For Modern "Pain" Entrepreneurs

JB Tennis Academy



- Adults' Program
- Kids' Program
- Kids' Summer Program

Berkeley Tennis Club
311 Tremont Pl,
Orange NJ 07050
Tel: (973) - 493 - 4520



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Adults' Program



6 Students Per Class

| Date | Time | Level | Price |
|-------------------------------|----------------|-------------------|------------------------|
| Tuesday 06/11 - 08/3 | 5:30- 6:30 Pm | 2.0 - 3.0 | \$150/St |
| Tuesday 06/18 - 07/13 | 10:30- 12 Am | 3.5 - 4.0 | \$132/St |
| Tuesday 06/18 - 06/29 | 9:30- 10:30 Am | Beginner | \$60 |
| Thursday 06/13 - 06/24 | 8:00- 9:00 Am | Beginner | \$60 |
| Friday 06/14 - 06/25 | 9:00- 10:00 Am | Beginner | \$60 |
| Saturday 06/15 - 06/26 | 4:00- 5:00 Pm | Beginner | \$60 |
| Monday 06/17 - A8 06/28 | 11:00- 12 Am | Intermediary | \$60 |
| Monday 06/17 - 06/28 | 6:30- 7:30 Pm | Beginners | |
| Thursday 06/13 - 07/8 | 5:30- 7:00 Pm | 2.0 - 3.0 | \$135 |
| Saturday 05/18 - 09/4 | 8:00- 9:00 Am | Cardio Tennis | \$20/day \$60/month |
| Monday 06/17 - 06/28 | 5:30- 6:30 Pm | Double Tactics | \$60 |

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Kids' Program



12 Students Per Class

June Session

| Date | Time | Age | Price |
|----------------------------|---------------|----------|----------|
| Mon - Fri 06/11 - 06/25 | 4:00- 5:00 Pm | All Ages | \$180/St |

Registration Form

Student's Name:

Age:

Address:

City: State: Zip:

Phone:

Family Physician: Phone:

Contact person In Case Of Emergency:

Signature Of Parent Or Guardian:

PS: Make All Checks Payable To JB ACADEMY