

# Register Now for 2023 LRSB Tennis Clinic

This year, the Little Red Schoolhouse Committee (LRSB) is sponsoring a two-week four session tennis clinic for **4th-6th sixth grade students**. Beginner and intermediate students are welcome. The clinic will be conducted by Drew Laverty, a Kingsway High School teacher and head coach of the Kingsway boy's tennis team.



Each student must provide:

- **Tennis racquet**; tennis balls will be provided
- Students will also need **bottled water and sunscreen**.

**Location:** **HARMONY RD courts in Mickleton** (across from the Little Red Schoolhouse). Parents are responsible for student transportation. Right after school, there is a crossing guard at the Meadow Ridge/Democrat Rd. intersection.

**Dates:** Tuesdays and Thursdays: 6/6, 6/8, 6/13, 6/15

There are two 55-minute session times: **3:45-4:45 PM and 4:45-5:45 PM**. We will try to break up the sessions based on ability with the earlier one set more for beginners. Please advise if your child must be in one time session or the other. There is one make-up rain date (TBD).

**Payment:** Clinic cost is \$40. Please make checks payable to the Little Red Schoolhouse Committee. Return your registration form and fee to:

Ginny Newkirk, 17 Clover Ridge Dr., Mickleton, NJ 08056

OR complete the fillable form and email it to [ginnynewkirk@gmail.com](mailto:ginnynewkirk@gmail.com) AND Venmo \$40 to @ginny-newkirk. **Your space is held *only* upon receipt of payment.**

The number of registrants is limited, so reserve early.

**Questions:** Contact Ginny at 609-617-5388 or [ginnynewkirk@gmail.com](mailto:ginnynewkirk@gmail.com)

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## REGISTRATION FORM (please print)

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Is student a beginner? \_\_\_\_\_ or intermediate? \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Emergency phone number where you can be reached during sessions: \_\_\_\_\_

I permit my son/daughter to participate in the Little Red Schoolhouse Tennis Clinic.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date