



# Mini Camp

## April 10-14

**TAUT "Red Ball" Camp** is a wonderful camp experience focusing on positive reinforcement, instruction, and fun filled games and events. We will work on balance, coordination, movement & LOTS OF FUN!!!

**Junior Vacation Camp** also includes challenging drills and fun-filled tennis games designed to teach and appreciate the sport of a lifetime. Camp highlights include Director's Demo Stroke of the Day, Team Color War Target Hits, Point Play, Around the World, Chaos, and many more.

**NRRC TTP Camp** includes intensive drills focusing on shot selection, footwork and speed agility. Strategy training will help develop and sharpen on-court tactics through simulated match-like situations, on-court problem solving, and decision making. Prepare your player for "match play pressure" to better understand competition and performance.

**It's all about hard work, willingness and focus!!**

<input type="radio"/> <b>RED BALL CAMP</b> HALF DAY - \$70 FULL DAY - \$120 WEEKLY (1-4 ONLY) \$325	<input type="radio"/> <b>JUNIOR CAMP</b> HALF DAY - \$80 FULL DAY - \$150 WEEKLY (1-4 ONLY) \$375	<input type="radio"/> <b>TTP CAMP</b> HALF DAY - \$80 FULL DAY - \$150 WEEKLY (1-4 ONLY) \$375
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SELECT DAY(S) OF PLAY	A.M. CAMP 9:00-12:00 P.M.	P.M. CAMP 1:00-4:00 P.M.	FULL DAY 9:00-4:00P.M.
MONDAY, 4/10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TUESDAY, 4/11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WEDNESDAY, 4/12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THURSDAY, 4/13		<input type="radio"/>	
FRIDAY, 4/14		<input type="radio"/>	

**WEEKLY P.M. 1-4 ONLY**

**ALL APPLICATIONS MUST INCLUDE FULL PAYMENT**

NAME OF CAMPER: \_\_\_\_\_ AGE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

*As parent of the applicant, I hereby give permission for my child to participate in the program and agree to comply with all regulations and hereby remove the NRRC from any liability for any injuries incurred while involved in this program. If my child cancels out of the program for any reason, I am liable for the full session cost. A doctor's note is required for medical withdrawal for program credit only.*

**SIGNATURE: (Required)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Payment Information

Check Payment enclosed in the amount of \$ \_\_\_\_\_

Please charge my credit card in the amount of \$ \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

MasterCard  Visa  Discover  AMEX CVV \_\_\_\_\_

