

GDT

Caversham Park



Easter Camp 2010



EXCITING NEW CLUB

5TH - 9TH April

12 - 16TH April

About Caversham Park:

Caversham Park, located on Caversham Park Road underwent re-development through GDT's partnership with the Tennis Foundation.

It is now home to **6 brand new floodlit courts**, and a brand new club house which is soon to be completed.

Coaching is run by LTA qualified and licensed coach Dave Vaughan, who along with his team, provides a highly enthusiastic and professional service.

Monday to Friday

10am 'til 1pm (Opt 1)

OR 10am 'til 3pm (Opt 2)

OR Extended Day (Opt 3)

8:30am 'til 4:30pm

Easter egg hunt on 16th

**BOOK ONLINE TO RECEIVE
A 15% DISCOUNT at
WWW.GDTONLINE.CO.UK**

CAMP TIME

DAILY RATE

REDUCED WEEKLY RATE IF BOOKED ON OR BEFORE 01/04/10

WEEKLY RATE IF BOOKED AFTER 01/04/10

10:00AM - 1:00AM

£20

£80

£90

10:00AM - 3:00PM

£30

£120

£130

8:30AM - 4:30PM

£45

£160

N/A

GDT

gdtennis.co.uk

0118 375 8324

Easter Camp Booking Form

Caversham Park

5^h April – 9^h April and 12th – 16th April

Complete and send to: GDT, PO Box 3484, Wokingham, Berkshire, RG40 9BA

Cheques payable to: GDT

Please tick your chosen options:

Monday 5th	Tuesday 6th	Wednesday 7th	Thursday 8th	Friday 9th
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Monday 12th	Tuesday 13th	Wednesday 14th	Thursday 15th	Friday 16th
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Full Name/s:

Age: DOB:

Address:

Phone:

Mobile:

School:

Email:

Parents Name/s:

Does the player have any **medical conditions**, take any form of permanent or temporary **medication** or have any other considerations (physical or behavioural) that the coaches should be aware of. Please list any **allergies** (e.g. bee stings, nuts etc), **asthma, epilepsy, diabetes** or any other?

Do you give permission for your child to **walk / cycle home on their own** after their coaching session?

Yes / No

Signed