

# Conestoga High School TE and Valley Forge Middle

Introduce your son or daughter to squash!!

Middle and High School Squash Program

When: Monday, Wednesday and Friday

Time: 3:00 p.m. – 4:00 p.m.

Where: Berwyn Squash & Fitness Club

625 Cassatt Road, Berwyn, PA 19312 Tel: 610-647-6375

## Fall Session Dates:

Sept.: 15<sup>th</sup>, 17<sup>th</sup>, 19<sup>th</sup>, 22<sup>nd</sup>, 24<sup>th</sup>, 26<sup>th</sup>, 29<sup>th</sup>.

Oct.: 1<sup>st</sup>, 3<sup>rd</sup>, 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, 13<sup>th</sup>, 15<sup>th</sup>, 17<sup>th</sup>, 20<sup>th</sup>, 22<sup>nd</sup>, 24<sup>th</sup>, 27<sup>th</sup>, 29<sup>th</sup>, 31<sup>st</sup>.

Nov.: 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, Tryouts for the Varsity Team start on Monday 10<sup>th</sup> November.

Monday, Wednesday and Friday practice will include Instruction and Round Robin games

Cost: Payable in full at beginning of each session

Fall Session Non Berwyn members - \$360 (\$15 per day) **A total of 30 days**

Fall Session Berwyn members - \$192.00 (\$8 per day)

Equipment Included.

**Middle School will practice on three courts and the High School will practice on the other three courts.**

**Each team is restricted to 16 players**

**Any Questions please call or email**

**Cam Hopkins at 610-240-1300**

**Dominic Hughes at 610-647-6375 [dominic@berwynsquash.com](mailto:dominic@berwynsquash.com)**

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## Conestoga High School and TE/Valley Forge Middle School Squash Program – Registration Form

Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

CIRCLE EVENT: Fall Session

Please forward with check payable to **Berwyn Squash & Fitness Club**, 625 Cassatt Rd, Berwyn, PA 19312

FAX entries to 610-647-9764 only accepted with Visa, MasterCard or Amex

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CC.ZIP \_\_\_\_\_

**Liability Waiver:** I agree to hold Berwyn Squash & Fitness Club, their directors, officers, employees, and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred as a result of my participation in the Conestoga/TE School Squash Program.

**Signature of parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEADLINE FOR REGISTRATION 09/12/08**