



TOWNSEND TENNIS TIGERS

Summer Term 2019 TOWNSEND TENNIS TIGERS at Garden Fields School

Name of club: **Townsend Tennis Tigers**
 Year Groups: **Yr 1-2 & Yr 3-4**
 Day: **Mondays**
 Start Time/End Time: **12:00 – 12:40 Yrs 1 & 2 (lunch after) 12:45 – 1.25 Yrs 3 & 4 (Lunch before)**
 Location: **Upper School Hall**
 Contact Name/Email/Number: **Neil Maple**
Mapleneil16@hotmail.com, 07944994041
 Cost: **£36 (£4 per session), 9 weeks total**
 Payment Details: **Cash or Cheque to TTC LTD**

Overview of club dates (in **RED & BOLD**)

1 st half term	Mon	Tue	Wed	Thurs	Fri
Wk 1	Bank Holiday	Inset Day	24 th April	25 th April	26 th April
Wk 2	29th April	30 th April	1 st May	2 nd May	3 rd May
Wk 3	Bank Holiday	7 th May	8 th May	9 th May	10 th May
Wk 4	13th May	14 th May	15 th May	16 th May	17 th May
Wk 5	20th May	21 st May	22 nd May	23 rd May	24 th May
HALF TERM					

2 nd half term	Mon	Tue	Weds	Thurs	Fri
Wk 6	3rd June	4 th June	5 th June	6 th June	7 th June
Wk 7	10th June	11 th June	12 th June	13 th June	14 th June
Wk 8	17th June	18 th June	19 th June	20 th June	21 st June
Wk 9	24th June	25 th June	26 th June	27 th June	28 th June
Wk 10	1st July	2 nd July	3 rd July	4 th July	5 th July
Wk 11	8th July	9 th July	10 th July	11 th July	12 th July
END OF TERM					

Other information

LTA mini tennis is a great introduction to tennis. We will cover coordination and basic balance and movement. All shots will be coached in a fun environment. Fully licenced Lawn Tennis association coaches will be running the course.

All info on further tennis opportunities are available at www.townsendsports.co.uk or contact Matt Foster at ttcltd.tennis@gmail.com or 07780 53333

Please complete the permission slip and return to the School Office with payment in an envelope marked with your child's name and club name. **Spaces will be allocated on a first come first served basis.**

Name of club: SUMMER 2019 TOWNSEND TENNIS TIGERS YR 1-2 & YR 3-4	
Child's name:	
Year group:	Class:
Name of parent/carer:	Email address of parent/carer:
Emergency contact number:	
Special Educational Needs:	
Medical conditions/allergies:	
Please contact me to discuss my child's medical needs and arrangements for their medicine. Please tick if required. <input type="checkbox"/>	
<ul style="list-style-type: none"> I understand that it is my responsibility to ensure that my child remembers to attend the club and I will make every effort to inform the club leader if my child is unable to attend. Please tick <input type="checkbox"/> I give permission for my child to make his/her own way home at the end of the club (YEAR 6 CHILDREN ONLY) Please tick <input type="checkbox"/> 	