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| --- | --- | --- | --- | --- | --- |
| *Level* | *Course**No.* | *Start Date* | *Time* | *Course Fee**Club Members* | *Course Fee**Non - Club Members* |
| Green  | Dev. 1 | Thursday 6th Sept. **(Note: Thur. 13th 10am)**  | 16:00 – 17:00 | £141 | £161 |
| Orange/Green | Dev. 2 | Saturday8th Sept.  | 10.00 – 11.00  | £141 | £161 |
| Orange/Green | Dev. 3 | Sunday 9th Sept.  | 10.00 – 11.00 | £141 | £161 |
| Orange/Green | Dev. 4 | Friday 7th Sept. | 16:00 – 17:30  | £161 | £181 |
| Orange/Green | Dev. 5 | Sunday9th Sept. | 11.00 – 12.00  | £141 | £161 |
|  Age 14 – 18  | Dev. 8 | Saturday8th Sept.  | 10:00 - 11:00 | £141 | £161 |
|  |

**GTC Development Squads Autumn Term 2018**

* **Please Note: Venue Grainville on All Weather Astro Courts**
* **13** week Term Course. Last week of course Dec. 4th to 10th :
* Coach/Assistant to Pupil ratio: 9 to 1
* You will be contacted only if placement is unavailable!
* Our contact mobile numbers are (Rych) 07797 752502,
* Email details: rychlund62@gmail.com
* No tennis week of Oct 29th to Nov 4th inclusive Half term break!
* Club Members discount in our Club Pro Shop, see coaches for details!
* Private lessons are also available, see coaches for details
* **START ANY DATE AND PAY PRO RATA.**

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**GTC Dev. Squads Coaching Programme – Autumn 2018 Places are on a first come first serve basis.**

**To pay by Bank – Details: Lloyds Account: 00562108 Sort Code: 30/94/61 (Please put Name & Course No.)**

Name……………………………………………………………………………….Date of Birth…………………..

Address ………………………………………………………………………………………………………………………….

Medical Conditions…………………………………… School: ……………………………

Course No/Level……………………..……

🕿Home.……………….….…🕿Work.……………………….🕿Mobile……………………..…………… 🖂 email……………………………………..@..........................

I enclose cheque /cash for: Club Member Rate £…………… Non – Member Rate £………… Payable to: **Rychlund Aldridge**

 *Please note that coaching staff will only accept responsibility for your child’s safety whilst on court. At all other times during your visit, the parent/guardian must assume full responsibility for their child’s welfare.*

Signed……………………………………… (Parent/Guardian) Date:……………………….

Please return with cheque made payable to: **Rychlund Aldridge.**

**Post to: La Jardin de la Chasse, La Rue de la Hambye, St. Saviour, JE2 7UQ**