

DAWGPOUND ELITE



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Group Size

2013, '14, '15, '16, '17, '18 USTA Middlestates Premier Facility

FACTIONS:

 \Box Faction I: June 27 – July I

 \Box Faction 2: July 5 – 8 (4 days)

- \Box Faction 3: July 11 15
- \Box Faction 4: July 18 22
- \Box Faction 5: July 25 29
- \Box Faction 6: August I 5
- \Box Faction 7: August 8 12
- \Box Faction 8: August 15 19

Courtside hosts the **Factions Rain or Shine!**

Please keep top portion for your records.

FACTION OVERVIEW:

MONDAY - FRIDAY: 9:00 am - Noon / 1:00 - 3:00 pm Match Play

COST: \$490. per week MORNING AND AFTERNOON

\$365. per week MORNINGS only / \$215. per week AFTERNOONS only

Single Day Options: \$125 Full day/ \$75. Morning only/ \$50. Afternoon only

The Dawgpound is designed for players with the desire and discipline to compete at a higher level, looking to improve every aspect of their game. This camp will focus on drills, tactical instruction and match play. Sign ups are on a weekly basis. Because of the progressive nature of the drills and practices, continuity in attendance is recommended.

This program will be invitation only. Players MUST be approved for admittance*.

Click here for online registration form.

SUMMER 2022 DAWGPOUND REGISTRATION

(Please fill out one form for each participant)

Free tee-shirt please indicate size:		
Please check session time: 🗌 Morning Only (\$365.) 🗌 Afternoon Only (\$215.) 🗌 All Day (\$490.)		
Please select Faction week: □ Faction I: June 27 – July I □ Faction 2: July 5 – 8 (4 days) □ Faction 5: July 25 – 29 □ Faction 6: August I – 5	□ Faction 3: July 11 – 15 □ Faction 7: August 8 – 12	 □ Faction 4: July 18 – 22 □ Faction 7: August 15 – 19
Participant Name:	Date of Birth	// Age:
Parent/Guardian Name:	E-mail:	
Address:	Home Ph	one: ()
City: State:	ZIP: Day Phone	e: ()
Emergency Contact Name & Phone:		()
Amount Enclosed: \$ Please indicate:	Credit Card: Mastercard	
OR: VIP Number:	Card No:	Exp. date
OR: Check Enclosed, payable to: Courtside Racquet Club	Signature:	
Release Statement: I, the parent/guardian of the Participant, a minor, hereby agree that the I hereby release, discharge, and/or otherwise indemnify Courtside, its owners, officers, employ out of Participant's involvement in any activities at Courtside. I certify that the Participant is In my absence, I hereby authorize and consent for the Participant to be transported for em to be in Participant's best interest by the appropriate medical personnel, and I hereby release consent to and authorize the rebroduction, for bublication use by Courtside for bromotional	yees and instructors against any claim by or on healthy, in sound physical condition and otherw ergency medical care, if necessary, and for such se and hold harmless Courtside in connection th	behalf of the Participant or any third party arising rise competent to participate in activities at Courtside. In emergency medical treatment as may be determined herewith. For good and valuable consideration I hereby

al materials. (If you have any questions please give us a call). By enrolling in this program I agree to the above Release.

____/____ Print Name:

Date:

Signature: