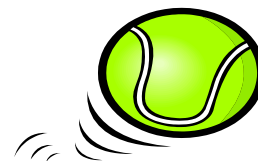


USCTDP, Inc.

EST. 1983

Summer 2021 Adult Tennis Clinics
Summer 2021 Adult Cardio Tennis



Summer Session – June 14, 2021 – August 8, 2021 (8 weeks)

Please like and follow us on Facebook to get latest cancellations and make up postings.

Adult Tennis Clinics							
Adult Level 1 Clinic Novice		Adult Level 2 Clinic Advanced Beginner		Adult Level 3 Clinic Intermediate		Adult Level 4 Clinic High Intermediate	
Mon.	11:00 - 12:30 p.m.	Wed.	9:00 - 10:30 a.m.	Wed.	9:00 - 10:30 a.m.	Mon.	12:30 - 2:00 p.m.
Tues.	9:00 - 10:30 a.m.	Wed.	10:30 - Noon	Wed.	7:00 - 8:30 p.m.	Tues.	9:00 - 10:30 a.m.
Tues.	7:00 - 8:30 p.m.	Wed.	7:00 - 8:30 p.m.	Thurs.	9:00 - 10:30 a.m.	Wed.	8:00 - 9:30 p.m.
Sun.	9:30 - 11:00 a.m.	Thurs.	9:00 - 10:30 a.m.	Sun.	10:00 - 11:30 a.m.	Sun.	11:30 - 1:00 p.m.
8 Week Clinic Fees: \$232 One Day per Week \$444 Two Days per Week							

Adult Cardio Tennis:

What is Cardio Tennis?? Cardio Tennis is a fun group activity for anyone, at any playing level, looking for a fun way to burn calories & interact with others outside of the gym. Cardio Tennis is a high energy fitness that combines the best features of the sport of tennis with cardiovascular exercise, delivering the ultimate, full body, calorie burning aerobic workout. Most women can burn 300 to 500 calories per hour and men burn between 500 to 1,000 calorie per hour. Not only are you getting a great workout, but you are also learning a skill and training for tennis.

For more information on Cardio Tennis, visit www.cardiotennis.com or contact

MARCY FOR MORE DETAILS – 412-398-6066 OR email marcyb93@me.com

Monday	8:30 – 10:00 a.m. – Advanced 6:00 – 7:00 p.m. Level 3.5 & up	Adult 8 Week Cardio Fees: One Day per Week \$166 Two Days per Week \$312 Adult 8 Week Advanced Cardio Fees: One Day per Week \$242 Two Days per Week \$464
Wednesday	8:00 – 9:00 a.m. Level 3.5 & up 6:00 – 7:00 p.m. Level 3.5 & up	
Thursday	9:00 – 10:30 a.m. Level 3.0 & up	
Friday	9:00 – 10:00 a.m. Level 3.0 and up	

USCTDP, INC. SUMMER 2021 REGISTRATION FORM

NAME: _____ AGE: _____ BIRTHDATE: _____ E-MAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____ HOME: (____) _____ CELL: (____) _____

LEVEL OF PLAY: _____ CLINIC DAY(S) AND TIME(S): _____ CLINIC DAY(S) AND TIME(S): _____

PLEASE INDICATE METHOD OF PAYMENT: CHECK ENCLOSED _____ (PAYABLE TO USCTDP, INC.): VISA: _____ MASTER CARD: _____ DISCOVER: _____

ACCOUNT NUMBER: _____ EXPIRATION DATE: _____

PRINT NAME ON CREDIT CARD: _____ AMOUNT TO CHARGE: _____

SIGNATURE: _____ (REQUIRED ON ALL CHARGE ORDERS)

MAKE CHECKS PAYABLE TO: USCTDP, INC., 37 McMURRAY ROAD, BUILDING #1, SUITE # LL1, UPPER ST. CLAIR, PA 15241

Register online at www.usctdp.com Email: tennis@usctdp.com

Call to register and Direct Questions to 412-831-2630