



# J-Devils Summer 2018 Junior Tennis Clinics

Clinics held at the Mt. Lebanon Tennis Center  
900 Cedar Blvd., Pittsburgh, PA 15228 (412) 343-3411  
www.jdevils.com

**June 20th – August 18th**  
**No clinics on 7/4**

<b>Beginners</b>	<b>Fee 1 clinic/week</b>	<b>Fee 2 clinics/week</b>
Thursdays 11 am - noon (9 weeks total)	<b>\$144</b> (\$16/hr)	<b>\$130</b> 10% discount
Saturdays 11 am - noon (9 weeks total)	<b>\$144</b> (\$16/hr)	<b>\$130</b> 10% discount

<b>Intermediates</b>	<b>Fee 1 clinic/week</b>	<b>Fee 2 clinics/week</b>
Thursdays 2– 4 pm (9 weeks total)	<b>\$306</b> (\$17/hr)	<b>\$275</b> 10% discount
Saturdays 12 – 2 pm (9 weeks total)	<b>\$306</b> (\$17/hr)	<b>\$275</b> 10% discount

<b>High Performance / Tournament Training (Open)</b>	<b>Fee 1 clinic/week</b>	<b>Fee 2 clinics/week</b>	<b>Fee 3 clinics/week</b>
Mondays 2 pm - 5 pm (8 weeks total)	<b>\$432</b> (\$18/hr)	<b>\$389</b> 10% discount*	<b>\$367</b> 15% discount*
Wednesdays 2 pm - 5 pm (8 weeks total)	<b>\$432</b> (\$18/hr)	<b>\$389</b> 10% discount*	<b>\$367</b> 15% discount*

*\*For questions about  
invite-only clinics, please  
contact Mark Pemu at  
412-427-8908, or  
mrkpm7@gmail.com.*

*Fees are due on or before  
the first day of clinics.  
Please email Katie at  
[lebojdevils@gmail.com](mailto:lebojdevils@gmail.com) if  
you would like a Paypal  
invoice.*

<b>High Performance 2 (Invite-Only)</b>	<b>Fee 1 clinic/week</b>	<b>Fee 2 clinics/week</b>	<b>Fee 3 clinics/week</b>
Mondays 10 am – 1 pm (8 weeks total)	<b>\$432</b> (\$18/hr)	<b>\$389</b> 10% discount*	<b>\$367</b> 15% discount*
Wednesdays 10 am - 1 pm (8 weeks total)	<b>\$432</b> (\$18/hr)	<b>\$389</b> 10% discount*	<b>\$367</b> 15% discount*
Thursdays 10 am - 1 pm (9 weeks total)	<b>\$486</b> (\$18/hr)	<b>\$438</b> 10% discount*	<b>\$413</b> 15% discount*

<b>Matchplay</b>		<b>Fee</b>
Fridays 1 pm – 4 pm	Open to any HP, Tournament Training or Intermediate players. Weekly sign up. Pizza/drinks included.	\$25/week. Call/text Mike Schuster at 734-545-0034 to sign up.

## J-Devils Summer 2018 Registration Form

Child's Name: \_\_\_\_\_ Clinic Level: \_\_\_\_\_

Days/Times \_\_\_\_\_ Total Clinic Fees Due: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

**Please make checks payable to Hank Hughes. All fees are due on or before the 1<sup>st</sup> day of clinics. If you know in advance your child will miss a day or if you have any questions about payments, please contact Katie at [lebojdevils@gmail.com](mailto:lebojdevils@gmail.com)**