



Saxe Winter Session 2

7 Week Program

Days (Must choose a minimum of 2 days)

Please circle week days for December & January Sessions

Monday 4:30pm – 5:30pm Tuesday 6:30pm – 7:30pm Wednesday 4:30pm – 5:30pm Thursday 6:30pm – 7:30pm

Dates

December

4th, 5th, 6th, 7th

11th, 12th, 13th, 14th

18th, 19th, 20th, 21st

(Christmas Break)

January

8th, 9th, 10th, 11th

16th, 17th, 18th

22nd, 23rd, 24th, 25th

29th, 30th, 31st, 1st (Feb)

Saxe Winter Session Clinic Registration:

Name: _____ Email: _____

D.O.B: _____ Age: _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Day Phone: _____

Cost

2 days - \$560 3 days – \$840 4 days - \$1080

Method of Payment – If paying by check, please make check payable to “I & M Squash”

Cash Check Credit Card

Credit Card #: _____ Exp. Date: _____

Signature: _____

For more information contact **Kumail Mehmood** (203) 327-3131
or email squashalleystamford@gmail.com