



Saxe Winter Session 3

6 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

February

5th, 6th, 7th, 8th

12th, 13th, 14th, 15th

Feb Break

26th, 27th, 28th, 29th

March

5th, 6th, 7th, 8th

12th, 13th, 14th, 15th,

19th, 20th, 21st, 22nd

Saxe Winter Session Clinic Registration:

Name: _____ Email: _____

D.O.B: _____ Age: _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Day Phone: _____

Cost

2 days - \$480 3 days – \$720 4 days - \$960

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