



WEYMOUTH
CLUB

4 and a Pro Clinics

You Customize Your Group

You Choose Your Pro

You Choose Your Time

8 weeks

1.5 hours

\$312 Members / \$392 Non-Members

Enrollment form on reverse side

For more information contact Tobias at Tclmens@weymouthclub.com



4 and a Pro

**Return this form to the front desk for processing at least
1 week prior to start date**

Start Date _____ (8 weeks must be consecutive excluding holidays and school vacation weeks)

Day of the Week _____ Time _____

Player #1 _____ Member _____ Non-Member _____ Email _____

Player #2 _____ Member _____ Non-Member _____ Email _____

Player #3 _____ Member _____ Non-Member _____ Email _____

Player #4 _____ Member _____ Non-Member _____ Email _____

Pro Name _____ Pro Signature _____

The Pro must sign the form prior to processing.

For more information or questions contact:

Tobias at Tclemens@weymouthclub.com

or (781) 682-5861