

Matilda Blue Tennis: Family Friendly QuickStart for ages 3 - 10 At Claudius Crozet Park Community Building

All family members are welcome to participate on the QuickStart-court during this specially designed program for children ages 3-10. Early childhood development along with important life skills such as basic motor skills, teamwork, goal- setting, positive self-talk, and other core values are the centerpiece of this program. What makes Family Friendly QuickStart Tennis Programs different from other programs? *Parental on-court involvement is mandatory. Parents learn to interact, teach and have fun with their children in a healthy setting using tennis as the platform for development. The USTA's QuickStart kid-sized methodology is incorporated in every class curriculum.

Program Staff

Christopher "Cubby" Cabbage: USPTA Certified Professional 434-906-8554, chris.cabbage6@gmail.com Cubby is the Executive Director of Matilda Blue Inc, Founder and Director of Matilda Blue Family Friendly Tennis and Adaptive Tennis "Autism"

Fees and Program Days and Times:

***All Matilda Blue Family Friendly QuickStart Tennis Classes run in 4 week sessions, 1 hour per week, \$10.00 per child/ per class. Session total fee is \$40.00. Payment in full is due prior to the session start date * No charge for adult family members. All participants must sign up in advance. 6 student min. for program to take place.**

- **Monday: 10:00am-11:00am or 6:00pm-7:00pm**
- **Wednesday: 10:00am-11:00am or 6:00pm-7:00pm**

Session 1: The week of Nov 14 thru the week of Dec 5/ Payment deadline 11/11

Session 2: The week of Jan 2 thru the week of Jan 23/ Payment deadline 12/30

Session 3: The week of Jan 30 thru the week of Feb 20/ Payment deadline 1/27

Please fill out the registration form below and mail to

Chistopher Cabbage 354 South Pantops Drive Charlottesville, VA 22911.

Information: please call or email Cubby 434-906-8554. chris.cabbage6@gmail.com

-----clip-----

Matilda Blue Family Friendly QuickStart Registration

PAYMENT AND REGISTRATION IN ADVANCE REQUIRED

Program Location:

Student Name: _____ **Age:** _____ **DOB:**

Address:

Phone: Home: _____ **Cell:**

Parents Names:

E-mail Address:

Class Day and Time:

Session Number:

Total Amount Paid: \$ _____ Checks made payable to Christopher Cubbage

**Mail Registration and payment to: Christopher Cubbage 354 South Pantops Drive
Charlottesville, VA 22911**

