



Where Fun and Fitness Meet !!!

MACTA YOUTH TENNIS

ABOUT MACTA: Marietta Area Community Tennis Association (MACTA) is a non-profit organization with the mission of promoting the growth of tennis in the Marietta area. It is comprised of volunteers from the local area. We work with the City of Marietta to maintain good public facilities for the entire community to enjoy.

WHO MAY PLAY: MACTA youth tennis is for girls and boys ages 7-12. There will be a group for ages 7-8, a group for ages 9-10, and a group for ages 11-12.

VOLUNTEERS: Parental participation is necessary for the success of this program, just as in other sports such as T-ball and soccer. We encourage you to get involved in the program and to practice with your children.

6 WEEKS: (6/9-7/14), Meetings will be on Thursday evenings hourly at 6:00, 7:00, and 8:00. Ages 7-8 the first hour, ages 9-10 the second hour, and ages 11-12 the third hour. There will be weather make-up days if necessary.

LOCATION: All play will be at the Lookout Park courts on Harmar Hill, located behind the Lancaster St. fire station.

REGISTRATION: Now through May 20th. Cost of the program is \$60.00. All participants will receive a T-shirt and a tennis ball. Racquets **will not** be provided, but can be purchased separately. Payment may be made by check or money order, payable to MACTA. Submit registration form with payment to: MACTA, C/O Steven Ellis 207 Brandy Dr., Marietta, OH 45750.

CONTACT INFORMATION: For more information, please contact Judy Piersall at (740) 373-2755 or cell (740) 706-0483 email: jpiersall@suddenlink.net. Additional info at: <http://www.mariettaoh.tennis/net>



MACTA YOUTH TENNIS REGISTRATION FORM

Remit to: MACTA
c/o Steven Ellis
207 Brandy Dr.
Marietta, OH 45750

Player's Name _____ Parent/Guardian Home Phone _____ Cell _____

Player's Address: Street _____ City _____ State _____ Zip _____

Gender (circle one): Male Female DOB _____ Age _____ School Name _____

Child's shirt size (circle one): Youth S M L XL Adult S M L

Payment : CK# _____ I wish to purchase a racquet : Y N

Name of Emergency Contact _____ Relationship _____ Phone # _____

Email _____ Parent/Guardian Signature: _____ Date: _____

Submit bottom registration form with payment