

# WEEKEND BEGINNER / INTERMEDIATE PROGRAM



FREMONT TABLE TENNIS ACADEMY STUDENTS OFTEN AVERAGE ONE MEDAL WON FOR EACH PARTICIPATING STUDENT AT THE MAJOR US TOURNAMENTS.

510-366-5234 or [info@fremonttabletennis.com](mailto:info@fremonttabletennis.com)

FTTA HEAD COACH SHASHIN SHODHAN IS A USA TABLE TENNIS NATIONAL CERTIFIED COACH AND A NORTH AMERICAN OLYMPIC TRIALS QUALIFIER AND TOP PERFORMER

#### LOCATION:

FREMONT TABLE TENNIS ACADEMY  
47998 WARM SPRINGS BLVD  
FREMONT, CA 94539

#### CLASS OPTIONS:

SATURDAY 2:45-4:15 PM  
SUNDAY 3:30-5 PM

#### START DATE:

SEPTEMBER 9-10, 2017

#### END DATE:

DECEMBER 16-17, 2017

#### DURATION:

15 WEEKS

#### COSTS:

\$375 FOR 1 DAY/WEEK (\$25/CLASS) FOR QUARTER WITH NO PRIVATE LESSONS

\$340 FOR 1 DAY/WEEK (\$23/CLASS) FOR QUARTER WITH WEEKLY PRIVATE LESSONS\*

\$680 FOR 2 DAYS/WEEK (\$23/CLASS) FOR QUARTER WITH NO PRIVATE LESSONS

\$630 FOR 2 DAYS/WEEK (\$21/CLASS) FOR QUARTER WITH WEEKLY PRIVATE LESSONS\*

\*PRIVATE LESSONS NEED TO BE PAID FOR SEPARATELY

1:3 :: COACH : STUDENT RATIO

[www.fremonttabletennis.com](http://www.fremonttabletennis.com)



**USA**  
TABLE TENNIS  
NATIONAL  
CENTER OF EXCELLENCE



**FREMONT TABLE TENNIS**  
ACADEMY

# FREMONT WEEKEND BEGINNER/INTERMEDIATE PROGRAM

SATURDAY 2:45-4:15 PM, SUNDAY 3:30-5 PM

COSTS FOR SUMMER 2017 QUARTER OF WEEKEND CLASSES  
(15 WEEKS – SEPTEMBER 9-10 THRU DECEMBER 16-17, 2017)

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NAME \_\_\_\_\_

SCHOOL / COMPANY \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE OR FEMALE (CIRCLE)

ADDRESS \_\_\_\_\_

PARENT NAME (IF MINOR) \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

START DATE \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS CLASS? \_\_\_\_\_

I UNDERSTAND THE RISKS INVOLVED AND I ACCEPT FULL RESPONSIBILITY FOR MY (AND/OR MY CHILD'S) PARTICIPATION AND AGREE TO INDEMNIFY AND HOLD HARMLESS SHASHIN SHODHAN AND HIS FAMILY, FREMONT TABLE TENNIS ACADEMY, ALL COACHES, INDIVIDUALS, ORGANIZATIONS, AND SPONSORS INVOLVED WITH THIS CLASS FROM AND AGAINST ALL LIABILITY FOR INJURY OR DEATH WHICH MAY BE SUFFERED FROM PARTICIPATION IN THIS ACTIVITY INCLUDING FOR ANY CAR RIDES AND FOR ANY CLASS OR TABLE TENNIS ACTIVITY IN THE FUTURE.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT OR PARENT / LEGAL GUARDIAN

\_\_\_\_\_  
PRINT NAME OF PARTICIPANT OR MINOR CHILD

\_\_\_\_\_  
DATE

FALL 2017 WEEKEND BEGINNER/INTERMEDIATE PROGRAM