

Name _____

Season/Year _____

Grading Period 1 2 3

**BOWIE HS TENNIS
OFF-SITE TENNIS WORKOUT SCHEDULE**

I/We verify that the above named player has weekly tennis workouts scheduled at (facility name)

_____ on the following days and times (list) _____

_____.

These workouts consist of conditioning, skill instruction, and competitive tennis opportunities that are equal to, or greater than, those required in the tennis class offered at J.A. Bowie HS, and we will notify Bowie HS personnel ASAP if the workouts are discontinued or the schedule is changed.

Parent/Guardian:

Name _____ Signature _____

Facility Teaching Professional:

Name _____ Signature _____

Please list suggestions for workouts/drills that would supplement current activities at your facility (use back of sheet if necessary) _____

Please contact us if there are questions or further information is necessary:

Tom Webber

Gay Myrick

(512) 441-3117 (H)

(512) 569-4899 (M)

(512) 771-5873 (M)