

**HANK HARRIS TENNIS ACADEMY**

**30+ YEARS of HHTA!**



**APPLICATION PM CLINIC 2026**

**Rising 7<sup>th</sup>-12th graders (1:00-3:00)**

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (hm) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
(youth S,M,L or adult S,M, L,XL)

**Check the PM Clinic session you would like to attend:**

\_\_\_ **June 15-18** (4 days\*) \_\_\_ **June 22-26** \_\_\_ **June 29-July 2** (4 days\*)

\_\_\_ I'm signing up for the **PM clinic only**

\_\_\_ I'm signed up for the AM camp through EHS and am **adding the HHTA PM clinic**

**Lunch** options for AM/PM combo: \*BYO on campus \_\_\_

\*Lunch off campus (age 14-18, permission slip required) \_\_\_

**Clinic fee:** \_\_\_ **\$300** (full week) \_\_\_ **\$250** (4 days\*)

**Tennis experience:**

\_\_\_ Intermediate \_\_\_ Adv Intermediate \_\_\_ Advanced

Team or tournament experience: \_\_\_\_\_

\_\_\_ Venmo payment made *OR* \_\_\_ check enclosed to HHTA

\_\_\_ Please ***include*** signed **HHTA Waiver**

Electronic sign-up: [hankharristennis@gmail.com](mailto:hankharristennis@gmail.com) Payment via Venmo

(Venmo account: Hank Harris @ hank-harris-2 (last 4 digits of cell:6965)

*OR*

Mail to: **Hank Harris Tennis Academy, c/o EHS,**  
1200 N. Quaker Lane, Alexandria, VA 22302

For further information email us: [hankharristennis@gmail.com](mailto:hankharristennis@gmail.com)

Website: [www.hankharristennis.com](http://www.hankharristennis.com)

*for accounting purposes*