

JUNIOR FALL CLINIC REGISTRATION FORM

Child's Name..... Age.....

Parent's/ Guardian's Name

Email:

Emergency No:

Emergency Contact and Relation:

Does your child suffer from any allergies, illness, disability or other medical conditions? If yes, please detail below. Yes [] No []

.....

Signature of Parent/Guardian: Date:

Please Circle the Program below:

10 and Under 11 and Over

Please Check Attendance Below

FALL JUNIOR TENNIS PROGRAM AT TARRY CREST					
DAYS	MON	TUE	WED	THU	SAT
Week #1 - September 3rd					
Week #2 - September 10th					
Week #3 - September 17th					
Week #4 - September 24th					
Week #5 - October 1st					
Week #6 - October 8th					
Week #7 - October 15th					

