

Junior Tennis Clinic and Team Application 2008

Please complete this form to apply for a six-week junior tennis clinic for your child/children which will begin Monday, June 23rd and will meet three times a week.

- The charge for the six-week clinic is \$95.00 for the first child in a family, and \$70.00 for each additional child.
- Those interested in Team Play **must** take the clinic. Please include a check made out to Chatham Fish and Game.
- Those interested in Team Play, return this form **ASAP**.

<u>Junior Name(s)</u>	<u>Date of Birth</u>	<u>Clinic Only</u>	<u>Team Play</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give an approximate size for each child for club shirts. This will assist us with the ordering if the coach wants to put in an order once the teams is together.

SHIRT SIZE: _____

PARENTS OF JUNIORS: Please indicate if you are available to drive.

YES _____ (Your participation would be greatly appreciated.)

MEMBER'S NAME _____

ADDRESS _____

PHONE NO. _____

E-MAIL _____

AMOUNT ENCLOSED _____

Note: On the envelope, please write Attention:
Tennis Trustee (Jr. Program)