## SUMMER CAMP

REGISTRATION FORM

Child's Name:		
Address:		
Phone #:		Child's D.O.B:
<b>Emergency Contact:</b>		Phone #:
<b>Pertinent Medical Inform</b>	nation:	
Summer Tennis Camp Ag	jes 3 - 6 (minim	um 4 per session)
Fee: \$20 week / \$10 per	day i when: N	Nonday - Thursday 8:30 - 9: AN
Fee: \$20 week / \$10 per WEEK:	day i when: N	/londay - Thursday 8:30 - 9: AN DAILY:
•	day i vvnen: N	-
WEEK:	day i vvnen: N 	DAILY:
WEEK: Session 1: June 12 – 15 Session 2: June 19 – 22	day i vvnen: N 	DAILY: M T W TH
WEEK: Session 1: June 12 – 15		DAILY: M T W TH M T W TH
WEEK: Session 1: June 12 – 15 Session 2: June 19 – 22 Session 3: June 26 – 29		DAILY:  M T W TH  M T W TH  M T W TH
WEEK: Session 1: June 12 – 15 Session 2: June 19 – 22 Session 3: June 26 – 29 Session 4: July 10 – 13		DAILY:  M T W TH  M T W TH  M T W TH  M T W TH
WEEK: Session 1: June 12 – 15 Session 2: June 19 – 22 Session 3: June 26 – 29 Session 4: July 10 – 13 Session 5: July 17 – 20		DAILY:  MTWTH  MTWTH  MTWTH  MTWTH  MTWTH

