

2010 Summer Camp Registration Form

Student Information

Date: _____

Child's Name: _____

Parent's Name: _____

Sex: Male Female Age: _____ Date of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Camp Information

½ Day: \$362 Before March 15: \$347 Full Day: \$629 Before March 15: \$604

Non-refundable Deposit \$100 Balance \$ _____

Summer Camp Week #: _____

Early Drop Off \$10 per day: _____ Late Pick Up \$10 per day: _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF ANY MEDICAL/ ALLERGIES/ PHYSICAL CONDITIONS WE SHOULD BE AWARE OF REGARDING YOUR CHILD'S HEALTH THAT WILL HELP US MAKE THE TENNIS EXPERIENCE MORE ENJOYABLE!

Please check here to authorize Yonkers Tennis Center to use pictures of your child taken during Summer Camp for our brochures, mailings and website!

Parent Signature: _____

Payment Information

Checks: Please make payable to Yonkers Tennis Center

Credit Card: Mastercard Visa Check

Credit Card #: _____ Exp. Date: _____