

2009/2010 Jr. Clinic Registration Form

Student Information

Date: _____

Student's Name: _____

Parent's Name: _____

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

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Day/Time preferences: _____

Dates: 9/10/09-6/20/10 38 week commitment

Please provide a detailed description of any medical/allergies or physical conditions we should be aware of:

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

Signature: _____

Payment Information

Checks: Make payable to Yonkers Tennis Center Credit Card: Mastercard Visa Check

Credit Card #: _____ Exp. Date: _____

-----Office use only-----

Program Information:

Junior Adult

30 Minutes: \$836 1 Hour: \$1672

1 ½ Hours: \$2508

1 ½ Hours High School Program: \$2508

Development Squad: 1 ½ Hours: \$3116

Suggested Level and Options:

Evaluation Level: _____

Class options:

1. _____

2. _____

3. _____

Final clinic day & Time: _____