

2009/2010 Adult Clinic Registration Form

Student Information

Date: _____

Student's Name: _____

Sex: Male Female Age: _____ (optional)

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Day/Time preferences: _____

Dates: 9/10/09-2/5/10 and 2/1/10-6/20/10 Two 19 week sessions

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 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:

Adult
Session I 9/10/09-2/5/10
Session II 2/1/10-6/20/10

1 Hour: \$836 2 Sessions: \$1672

1 ½ Hours: \$1254 2 Sessions: \$2508

Suggested Level and Options:

Evaluation Level: _____

Class options:

1. _____

2. _____

3. _____

Final clinic day & Time: _____