



Saturday Adult Program

Registration Form

Name _____

Date of Birth _____ Age _____ Ethnicity _____

Address _____ Town _____ Zip _____

H phone _____ W phone _____ Cell _____

E-mail Address _____

Signature _____

Please check appropriate Program:

Beginner _____ **Advanced Beginner** _____ **Intermediate** _____

			Saturday	Time	Amount
Proof of Residency (check box) >					
Non-Residency Fee	add	\$25.00			
Total Amount Due					
Amount Paid					
Balance Due By					

Placement will be reserved only after full payment is received. Enrollment is allowed in one session at a time only. Sportsmen's Tennis Club or anyone associated with the organization is not responsible for accidents and or medical/ dental expenses incurred as a result of participation in the program. Your signature indicates that you are in good health and able to participate in all activities _____ (initial).
 Contact us: 617-288-9092

info@sportsmenstennisclub.org or s.cooper@sportsmenstennisclub.org

There are no makeup classes or refunds for missed classes.