

Twin Farms Tennis Summer Camp 2008 Registration Form

Parent Name(s): _____

Camper Name(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Address: _____

Phone Number: _____

<p><u>Tennis Camp Session –</u> CHECK <input type="checkbox"/> session(s)</p> <p><input type="checkbox"/> Session 1: June 16 – 20 (9:00am – 12:00pm)</p> <p><input type="checkbox"/> Session 2: June 23 – 27 (9:00am – 12:00pm)</p> <p><input type="checkbox"/> Session 3: July 7 – 11 (9:00am – 12:00pm)</p> <p><input type="checkbox"/> Session 4: July 14 – 18 (9:00am – 12:00pm)</p>	<p><u>Tennis Group Lessons – Tuesday and Thursday –</u> CHECK <input type="checkbox"/> session(s)</p> <p><input type="checkbox"/> Session A: June 17th & 19th (5:00pm – 6:00pm)</p> <p><input type="checkbox"/> Session B: June 24th & 26th (5:00pm – 6:00pm)</p> <p><input type="checkbox"/> Session C: July 6th & 10th (5:00pm – 6:00pm)</p> <p><input type="checkbox"/> Session D: July 13th & 17th (5:00pm – 6:00pm)</p>
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PAYMENT

CAMP - \$90 (Twin Farms Club Members) / PER CHILD / PER SESSION
\$120 (Non-Members) / PER CHILD / PER SESSION

LESSONS - \$25 / PER CHILD / PER SESSION

	No. of SESSIONS	X	No. of PERSONS	SUBTOTAL
CAMP(S)	_____	x \$90 (member)	x _____	\$ _____
	_____	x \$120 (non-member)	x _____	\$ _____
LESSONS	_____	x \$25	x _____	\$ _____
TOTAL				\$ _____

Please send check, or cash, with registration form to:

Twin Farms Swim & Tennis Club

P.O. Box 4114

Silver Spring, MD 20914

OR

In Person to Coaches (Racel DeGuzman, Alex Power)

*****PLEASE MAKE CHECKS PAYABLE TO:** Twin Farms Club