



2008 | 2009

We look forward to seeing you! Please complete all applicable portions of your registration.
 One registration form per child.
 Fax to 408.267.0264. Or, call 408.445.4915 to pay by credit card.
 Mail to Jr. Tennis Academy 2008/09 Registration | 5400 Camden Avenue, San Jose CA 95124

PLEASE CHECK SESSION(S) YOUR CHILD WILL ATTEND:

- | | | | |
|--|--|---|---|
| Weekdays 2008 | Weekdays 2009 | Saturdays 2008 | Saturdays 2009 |
| <input type="radio"/> September 8
<input type="radio"/> September 29
<input type="radio"/> October 20
<input type="radio"/> November 10
<input type="radio"/> December 1 | <input type="radio"/> January 12
<input type="radio"/> February 2
<input type="radio"/> February 23
<input type="radio"/> March 16
<input type="radio"/> April 6
<input type="radio"/> April 27
<input type="radio"/> May 18 | <input type="radio"/> September 13
<input type="radio"/> October 11
<input type="radio"/> November 8
<input type="radio"/> December 13
(2 Week Session) | <input type="radio"/> January 10
<input type="radio"/> February 7
<input type="radio"/> March 7
<input type="radio"/> April 4
<input type="radio"/> May 2 |

CLASS NAME _____

DAYS PER WEEK (EXAMPLE MON/WED OR TUES/THURS OR SAT) _____ CLASS TIME _____

PLEASE ADD \$25 ANNUAL REGISTRATION FEE \$ _____
 \$65 MAX PER FAMILY PER YEAR

CLASS COST(S) \$ _____

TOTAL COST \$ _____

Method of Payment

_____ PERSONAL CHECK _____ CASH _____ VISA/MC/AMEX

ACCOUNT # _____ EXPIRATION DATE _____

AVAC MEMBER CHARGE _____

SIGNATURE _____

STUDENT NAME _____ DOB _____ AGE _____

PARENT NAME _____

ADDRESS _____

CITY, ZIP _____

PHONE DAY/EVENING _____

Please indicate any condition your child has that we should be aware of here: