PTC Camp & Junior Team 2017 Application

Please enroll my child(ren) as indicated below:		<u>Rate</u>	<u>Amount</u>
Please print clearly	Members:		
Parent/Guardian	Tot Camp - # weeks	@ \$1	20
Address	Save 10% for 3+ weeks	@ \$1	
CityStateZip	Junior Camp – # weeks	@ \$2	
e-mail	Save 10% for 3+ weeks	@ \$2	
Tel. home:cell:	Junior Team (full season)	@ \$1	
	Junior Team – # weeks		20
Child #1Age	James County & Weeks		
Camp: Tot Junior	Non-members:		
Level: beginner intermediate advanced	Tot Camp - # weeks	@ \$1	60
Junior Tennis Team: yes no	Save 10% for 3+ weeks	@ \$1	
Tennis Camp: week #'s (circle) 1 2 3 4 5 6 7 8 9 10 Tennis Team: week #'s (circle) 1 2 3 4 5 6 7 8	Junior Camp – # weeks	@ \$3	
	Save 10% for 3+ weeks	@ \$3	
	Junior Team (full season)	@ \$2	
Child #2Age	Junior Team - # weeks	_	50
Camp: Tot Junior	Junior Team - # weeks	@ \$	
Level: beginner intermediate advanced		TOTA	L \$
Junior Tennis Team: yes no		1017	ML 3
Tennis Camp: week #'s (circle) 1 2 3 4 5 6 7 8 9 10	Places mail application to check	navabla ta Puad P	makatama ta
Tennis Team: week #'s (<i>circle</i>) 1 2 3 4 5 6 7 8	Please mail application & check, payable to <u>Br</u> Pleasantviile Tennis Cl		reuksione, to:
	P.O. Box 73		
Contact in case of emergency:	Pleasantv	ville, NY 10570	
Name	Waiver of Liability: My child is in g	good physical/ment	al condition and has
tel	no disability or impairment that would prevent him/her from participating is the PTC Junior Tennis Camp or Team. I hold the PTC and it's shareholders, directors, officers, and agents harmless for any and all claims, injuries, damages and liabilities incurred by my child(ren) at the Pleasantville Tennis Club this season. Signature		
Medical History/allergies:			
Child #1			
Child #2			