

TOMPKINS TENNIS • REGISTRATION

OHLONE COLLEGE FREMONT SUMMER 2016

Easy steps to registration:

1. Choose program(s) and session(s) on this side of this card.
2. Choose number of days if applicable.
3. Provide student, parent and payment information on reverse side of this card.
4. Mail this form or drop off at the office.

Weekly Morning Camps - Choose week(s):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> June 20 - 24 | <input type="checkbox"/> July 18 - 22 |
| <input type="checkbox"/> June 27 - July 1 | <input type="checkbox"/> July 25 - 29 |
| <input type="checkbox"/> July 04 - 08 | <input type="checkbox"/> Aug 01 - 05 |
| <input type="checkbox"/> July 11 - 15 | <input type="checkbox"/> Aug 08 - 12 |

Summer Ranked Junior Program:

Can attend ClubSport on T/TH

Circle days of attendance:

- ☐ 2 days (Mon, Tues, Wed, Thurs, Fri)
☐ 3 days (Mon, Tues, Wed, Thurs, Fri)
☐ 4 days (Mon, Tues, Wed, Thurs, Fri)
☐ 5 days (Mon, Tues, Wed, Thurs, Fri)

Tournament Training 12 & Unders:

Can attend ClubSport on M/W

Circle days of attendance:

- ☐ 2 days (Tues, Thurs, Fri)
☐ 3 days (Tues, Thurs, Fri)
☐ 4 days (Tues, Thurs, Fri)
☐ 5 days (Tues, Thurs, Fri)

Weekly Morning Training Camps

Circle days of attendance:

- ☐ 2 days (Mon, Tues, Wed, Thurs, Fri)
☐ 3 days (Mon, Tues, Wed, Thurs, Fri)
☐ 5 days (Mon, Tues, Wed, Thurs, Fri)

Evening/Weekend Monthly Sessions

Circle days of attendance:

- ☐ 2 days (Mon, Tues, Wed, Thurs, Fri, Sat, Sun)
☐ 3 days (Mon, Tues, Wed, Thurs, Fri, Sat, Sun)
☐ 4 days (Mon, Tues, Wed, Thurs, Fri, Sat, Sun)
☐ 5 days (Mon, Tues, Wed, Thurs, Fri, Sat, Sun)
☐ 6 days (Mon, Tues, Wed, Thurs, Fri, Sat, Sun)
☐ 7 days (Mon, Tues, Wed, Thurs, Fri, Sat, Sun)

Future Slammers:

Circle days of attendance:

- ☐ 3 days (Mon, Tues, Wed, Thur, Fri, Sat, Sun)
☐ 4 days (Mon, Tues, Wed, Thur, Fri, Sat, Sun)
☐ 5 days (Mon, Tues, Wed, Thur, Fri, Sat, Sun)

Student Information:

Name: _____

Date of Birth: _____/_____/_____

☐ Boy ☐ Girl Level: _____**Parent/Guardian Information:**

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cellular: _____

Alt. Cellular: _____

Email: _____

Payment Information:

Charge my: ☐ Visa or ☐ MasterCard

_____-_____-_____-_____

Expiration: _____/_____

Sign: _____

Print Name: _____

Mail Registration Form & Payment to:**Tompkins Tennis**

43255 Mission Boulevard, Suite 101,

Fremont, CA 94539 | (510) 573-4025

www.tompkinssport.com