

Kane Easter Tennis Registration

Contact Information

Name: _____

Age: _____

Gender: _____

Address: _____

Telephone (Day) _____

(Mobile / Home) _____

Select Program

Summar Camp <input type="checkbox"/>	Junior Clinic <input type="checkbox"/>	Adult Clinic <input type="checkbox"/>	Tennis Aerobics <input type="checkbox"/>
Camp Week: _____	Clinic # _____	Clinic # _____	Day of Week: _____
Extended Care: <input type="checkbox"/>			
T-shirt Size <i>(Circle your choice)</i>			Time: _____
<input type="checkbox"/> Adult			
Youth: <input type="checkbox"/> S <input type="checkbox"/> M			
<input type="checkbox"/> L <input type="checkbox"/> XL			

Method of Payment

☐ Credit Card: VISA / MC # _____ Exp. Date _____

☐ Cheque enclosed (please refer to kaneeastertennis.com for the exact amount.)

Disclaimer

Signature of Participant or Parent / Legal Guardian _____ Date _____