



2010 Registration Form

Junior Tennis Academy

Father's Name _____

Mother's Name _____

Child's Name _____ Age _____ Sex _____

Child's Name _____ Age _____ Sex _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail Address _____ Cell Phone _____

SESSIONS: I Sept 6 - Oct 1 II Oct 4 - Oct 29 III Nov 1 - Nov 29*

CLINICS

*Thanksgiving clinic will be held Nov 29

Superstars
Monday/Wednesday
4:30 - 6:00 PM
Session \$200

Contenders - Advanced
Monday/Wednesday
4:30 - 5:30 PM
Session \$140

Contenders - Beginners
Monday 5:30 - 6:30 PM
Wednesday 3:30 - 4:30 PM
Session \$140



CLAY COURT TRAINING AVAILABLE

Drop-In rates: Superstars \$30/35* Contenders \$20/25* * Non-Member Price

Session rates (8 Clinics): Superstars \$200 Contenders \$140

Days / Sessions your child wishes to attend: _____

Total Amount Enclosed -----

Credit Card: Visa or MC # _____ / _____ / _____ / _____ Exp _____ / _____

Authorizing Signature _____ Make checks payable to: Seascope Sports Club

(Session Fees are payable in advance; Daily fees may be paid on a drop-in basis; however, space may be limited).

**Mail to: Seascope Tennis Academy, 1505 Seascope Blvd, Aptos Ca. 95003
www.SeascopeSportsClub.com**