



# 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 \_\_\_\_\_

### LEVELS

**Mighty Mite**     **Contender**     **Superstar**

**Session I**

Week 1 - June 7 - 10

Week 1 - June 14-17

**Session II**

Week 3 - June 21- 24

Week 4 - June 28 - July 1

**Session III**

Week 3 - July 5 - 8

Week 4 - July 12 - 15

**Session IV**

Week 1 - July 19 - 22

Week 1 - July 26 - 29

**Session V**

Week 1 - August 2 - 5

Week 1 - August 9 - 12

**Session VI**

Week 1 - August 16 - 19

Week 1 - August 23 626

Which days does your child wish to attend? \_\_\_\_\_

How did you learn about us?  Friend  Advertising  Website  Returning  Other

Full Session (# of sessions \_\_\_\_\_) \_\_\_\_\_

Weekly Fee (# of weeks \_\_\_\_\_) \_\_\_\_\_

Daily Fee (# of days \_\_\_\_\_) \_\_\_\_\_

Extended Hours (\$7 / hour) Dates: \_\_\_\_\_

Total amount enclosed:

Credit Card: Visa or MC # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Make checks payable to: Seascope Sports Club

**(Session and Weekly Fees are payable in advance;  
Daily fees may be paid on a drop-in basis; however, space is limited).  
Mail to: Seascope Tennis Academy, 1505 Seascope Blvd, Aptos Ca. 95003  
www.SeascopeSportsClub.com**