

Name of Child	Grade	Grade (this fall)	
Nick name	Age	Birthdate	
Name of school			
ALLERGIES			
MEDICAL CONDITIONS OR A	BILITY LIMITATIONS		
How	would you rate your child's ten	nis skill level -	
	<b>NE</b> - Beginner - Intermedia		
How long have they been pla	aying tennis?		
	ily play tennis?		
	program?		
FAMILY INFORMATION E-n	nail		
	Your e-mail information is important please print legibly		
Childs address		Zip	
	Phone		
	Phone		
		Phone	
BESIDES PARENT	OR GUARDIAN, PERSONS AUTH	HORIZED TO PICK UP CHILD	
Name	Relationship	Phone	
		Phone	
	- :		

Sessions include 6 tennis practices at Longshore Lake Tennis Club. (Rained out practices will be rescheduled, free matches will not.)

5 easy ways to pay:

CASH - CHECK - CREDIT CARD PAID ON COURT OR PAY ON-LINE, VENMO, ZELLE MAKE CHECKS PAYABLE TO: POSITIVE PERFORMANCE TENNIS
PAY ON-LINE @ positiveperformancetennis.com

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