

Goondiwindi Tennis Client Information Form

Date

Parent's Names

Client Name

Preferred and/or Current Class Time

Client Information

Home Phone

Mobile Phone Number

Email Address

Address

City

State

Post Code

Please list known medical conditions we should be made aware of:

DOB

Gender

Permission for photos of client to be used in promotional materials?

Yes

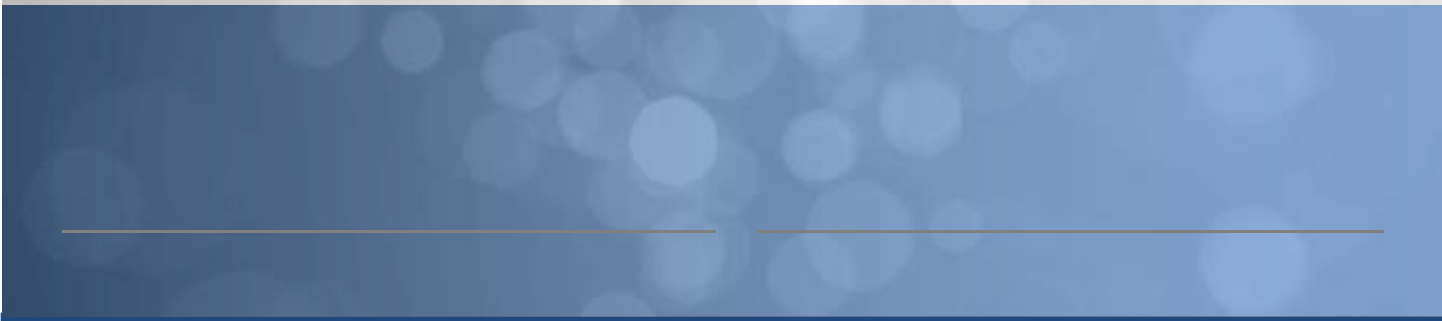
No (please circle one option)

Please circle all items you are interested in

Junior Fixtures Group Classes Private Class

Squad Training





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