



Tennis Registration Form

Please print!!

Keep a copy for your upcoming registration

Return registration to teaching professional

Participant's Name: _____ Parents' Names: _____

Phone # (H): _____ (C): _____ Emergency #: _____

Address: _____ City: _____ State: _____ Zip: _____

* E-Mail Participant: _____ E-Mail Parent: _____ Age: _____

Amount Paid: _____ Payment: Cash Check (Please make checks payable to *Passion Tennis*)

Venmo

Month: _____

Day	Location	Time	Fee x # of Days	Regular (Please Check)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total: _____

All accounts are due on the 25th of the current month for the following month.

Example: If participant is signed up for Monday classes they must pay for **ALL** Mondays within the month.
There are **NO REFUNDS** for cancelled classes due to sickness,
weather conditions or vacations etc.

Please remember to show up 15 min. before scheduled lesson time
to do appropriate warm-up and pre-lesson preparations.

Please **DO NOT** staple check to registration

tion Please complete registration form for every payment period. Payment must accompany registra-