



SAVE \$50
REGISTER BY
MAY 15

AFTERNOON PROGRAM
PRE-REGISTRATION CARD

#1 Player's Name _____ Age _____ Birthday _____ T-Shirt Size _____
Month Day Year

#2 Player's Name _____ Age _____ Birthday _____ T-Shirt Size _____
Month Day Year

Parent or Guardian _____

Phone _____ Email _____

Address _____
City State Zip

AFTERNOON PROGRAM | 25 DAYS | 1PM-4PM | MON-FRI

See brochure calendar for
specific days or visit
thjta.com.

Save \$50 when you return card with full payment by May 15!

\$300 each child before May 15 | \$350 each child after May 15

Amount Paid \$ _____ Additional Donation \$ _____

Please make checks payable to THJTA.

PARENT CONSENT:

I, _____ give permission for my child/children to participate in THJTA'S tennis camp.
Print Name

Child's Name _____ Parent Signature _____ Date _____
Month Day Year

Child's Name _____ Parent Signature _____ Date _____
Month Day Year