



APRIL TENNIS CAMP ENROLMENT FORM

(Please clearly print all details. Thank you)

CHILDS NAME/S: 1. _____ D.O.B: _____
2. _____ D.O.B: _____
3. _____ D.O.B: _____

PARENTS NAME/S: _____

ADDRESS: _____

CONTACT NO/S: _____

EMAIL: _____

ANY MEDICAL CONDITIONS: _____

IS BEFORE OR AFTER CAMP CARE REQUIRED? YES NO

If yes, please tick: Before camp care - drop off time: _____ After camp care - pick up time: _____

Which day/s do you require: MON TUES WED THURS FRI

PLEASE TICK THE APPROPRIATE BOX/S: (Both camps 4 days due to Easter)

WEEK 1: Monday 11th - Thursday 14th April

WEEK 2: Tuesday 19th - Friday 22nd April

FULL WEEK OPTIONS: FULL WEEK - 9am-12:30pm FULL WEEK - 9am-3pm

OR CHOOSE YOUR DAY/S & TIME/S: MON TUES WED THURS FRI
 9AM - 12:30PM 9AM - 3PM

PAYMENT METHOD: CASH CHEQUE - made out to Goodwin's Tennis Academy

CREDIT CARD - Card Type: (Please tick) VISA MASTERCARD

CARD NO.: _____ EXPIRY: _____ CCV: _____

NAME ON CARD: _____

I, being the parent or legal guardian of the above-named, take full responsibility for my child/children whilst attending this camp and understand that Goodwin's Tennis Academy will do the utmost for their care.

Signed: _____

I give permission to Goodwin's Tennis Academy to take and release any photos of my child for their website, Twitter account, Facebook account and Instagram page.

Signed: _____