

# JUNIOR TENNIS REGISTRATION



Junior's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Member (Circle one):    YES (Only \$99/year)                      NO

Junior's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Tennis Background (briefly describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Requested Session: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Payment Method:

Check (Made payable to Waltham Athletic Club) Amount Paid \$ \_\_\_\_\_

Credit Card: Type: \_\_\_\_\_ Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

*For Office Use Only: Evaluated By & Date:* \_\_\_\_\_

*Recommended Level:* \_\_\_\_\_