

JANUARY 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?	
		If yes, please tick: Before camp care - drop off time: Which day/s do you require: MON TUES WED THURS FRI	
☐ WEEK 1: Monday 4 th - Friday 8 th January			
☐ WEEK 2: Monday 11 th - Friday 15 th January			
☐ WEEK 3: Monday 18 th - Friday 22 nd January			
FULL WEEK OPTIONS: ☐ FULL WEEK - 9am-12:30pm	☐ FULL WEEK - 9am-3pm		
OR CHOOSE YOUR DAY/S & TIME/S: ☐ MON ☐ TUE	S □ WED □ THURS □ FRI		
☐ 9AM - 12:30PN	1 □ 9AM - 3PM		
PAYMENT METHOD: ☐ CASH ☐ CHEQUE - made out	to Goodwin's Tennis Academy		
☐ CREDIT CARD - Card Type: (Please tick) ☐ VISA ☐ MAS	STERCARD		
CARD NO.:	EXPIRY: CCV:		
NAME ON CARD:			
***************	*********		
I, being the parent or legal guardian of the above-named, attending this camp and understand that Goodwin's Tenn	is Academy will do the utmost for their care.		
Signed:			
I give permission to Goodwin's Tennis Academy to take ar account, Facebook account and Instagram page.	nd release any photos of my child for their website, Twitte		
Signod:			