

## **DECEMBER/JANUARY TENNIS CAMP ENROLMENT FORM**

(Please clearly print all details. Thank you)

CHILDS NAME/S: 1		D.O.B:	
2		D.O.B:	
PARENTS NAME/S:			
ADDRESS:			
CONTACT NO/S:			
EMAIL:			
ANY MEDICAL CONDITIONS:			
IS BEFORE OR AFTER CAMP CAR			
If yes, please tick: ☐ Before camp care Which day/s do you require: ☐ MON			care - pick up time:
<ul> <li>□ WEEK 1 - Monday 16<sup>th</sup> - Friday</li> <li>□ WEEK 2 - Monday 6<sup>th</sup> - Friday</li> <li>□ WEEK 3 - Monday 13<sup>th</sup> - Friday</li> <li>□ WEEK 4 - Monday 20<sup>th</sup> - Friday</li> <li>□ 1 DAY CAMP - Tuesday 28<sup>th</sup></li> </ul>	y 10 <sup>th</sup> January ay 17 <sup>th</sup> January ay 24 <sup>th</sup> January		
FULL WEEK OPTIONS: ☐ FULL WEEK OR CHOOSE YOUR DAY/S & TIME/S:	□ MON □ TUES □ W		
PAYMENT METHOD: ☐ CASH ☐ C ☐ CREDIT CARD - Card Type: ☐ VISA		win's Tennis Acad	emy
CARD NO.:	EXPIRY	:	CCV:
NAME ON CARD:			
I, being the parent or legal guardian of attending this camp and understand the Signed:	hat Goodwin's Tennis Acade	responsibility for	my child/children whilst
I give permission to Goodwin's Tennis account, Facebook account and Instag Signed:	gram page.	e any photos of m	ny child for their website, Twitte