

BETHEL PARK WINTER 2011 – 2012 JUNIOR TENNIS CLINICS REGISTRATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME: (\_\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_

REGISTERING FOR: **JUNIOR** SESSION: III \_\_\_\_\_ IV \_\_\_\_\_ LEVEL OF PLAY \_\_\_\_\_

REGISTERING FOR: **JUNIOR** SESSION: C \_\_\_\_\_ LEVEL OF PLAY \_\_\_\_\_

DAY & TIME \_\_\_\_\_ DAY & TIME \_\_\_\_\_ TOTAL FEE ENCLOSED \$ \_\_\_\_\_

PLEASE INDICATE METHOD OF PAYMENT: CHECK ENCLOSED (PAYABLE TO USCTDP, INC.): VISA: \_\_\_\_\_ MASTER CARD: \_\_\_\_\_ DISCOVER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**Print** Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ (Required on Charge Orders)