



Harlem Junior Tennis & Education Program

2009 - 2010



Print Clearly

Date: _____

- (1) The application fees per session are non refundable.
- (2) Fall session: ___ Winter session: ___ Spring session: ___ Full indoor season: ___
(All session are subject to availability)

(G R S) \$200 per session. (T D S 1) \$275 per session (T D S 2) \$275 per session
(T A S) \$650 per session (H P D 1) \$1,200 per session (H P D 2) \$2,000 per session

Child's Name: _____

Address: _____ APT # _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Age: _____ Male: _____ Female: _____ Email: _____

Parents Name (First & Last Name Please)

Mother: _____ Father: _____

Work Number: _____ Work Number: _____

School Name: _____ Grade: _____

Ethnicity: Caucasian: ___ African American: ___ Hispanic: ___ Asian: ___ Other: ___

Please answer the following questions.

Do you participate in other after school programs? If yes, Please list them.

(Over)

What is your List Hobbies & Other sports:

Method of transportation to the program: Subway: _____ Car: _____ Taxi:
Walk: _____ Bus:

Tennis Experience

Is this your first time in the Harlem Junior Tennis Program? Yes or NO

If NO how many years you have been in the Harlem Junior Tennis program?

Harlem Junior Tennis Program Emergency Information

Fill out and return immediately

Child's Name:

Home Address:

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone: _____

Parents work number

Mother: _____ Father: _____

If program cannot get in touch with either parents, name a friend or relative who may be called if child is sick or hurt.

Name:

Telephone Number:

Doctor:

Telephone Number:

If at any time the above information must be changed, I will notify the director in writing.

Signature of parent or guardian: