

Junior Summer Camp 2015

Application Form



*Name of child:			*D.O.B:	
*Address 1:				
*Address 2:				
*City:		*Post code:		
* Name of parent:				
* Phone/Mobile:	*Phone:	*Mobile:		
* email address:				

** Mandatory – will be used in case of emergency, cancellation, changes / updates*

Please indicate with an "X" which camp your child will be attending:

Wk .1 Mon 29th June - Fri 3rd July _____ Wk. 2 Mon 6th July – Fri 10th July _____

Wk. 3 Mon 3rd Aug - Fri 7th Aug _____ Wk. 4 Mon 10th Aug – Fri 14th Aug _____

		Members	Non-Members
Half Day AM	10.00 – 12.45	[] £50	[] £70
Half Day PM	13.30 – 16:00	[] £50	[] £70
Full Day	10.00 – 16:00	[] £90	[] £110

NB: As spaces are limited, members will be given priority. Pack Lunches needed if coming for Full Day

List any medical conditions which may affect your child during coaching sessions:							
<i>Tick boxes</i>							
Physical disability		Hearing impaired		Partially sighted		Learning disability	

Parent
Signature: _____ Date: _____

NO PAY – NO PLAY POLICY

To reduce administration costs, forms will not be accepted without payment. Your child will not be allowed to enter the Summer Camp if the appropriate fees have not been paid.

PAYMENT MUST ACCOMPANY THIS FORM - CHEQUES TO BE MADE PAYABLE TO
'WINDSOR LAWN TENNIS CLUB' Ph: 02890 665188 Web Site: www.windsortennis.co.uk
email: info@windsortennis.co.uk