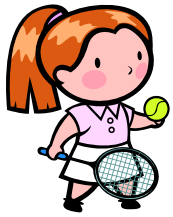


Pee Wee Tennis Camps 2006

(AGES 4 – 6)

CHILD'S NAME:_____

DATE OF BIRTH: __/__/__ AGE:_____ (As of 07/15/06 Camp I) GENDER: ❑ **M** ❑ **F**
Mo/day/year (As of 08/15/06 Camp II)

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____ PHONE: _____

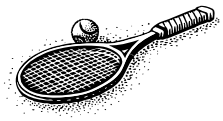
PARENTS' NAME:_____ PHONE(daytime): _____

EMERGENCY CONTACT (Not Parent):_____ PHONE: _____

ATTENTION: Does your child have any medical condition or take any medications of which we need to be aware?
☐ NO ☐ YES If yes, please explain:
_____

_____

Shirt Size: YL YM AS AM AL AXL AXXL



_____ _____
Parent or Guardian Date

Circle Camps Registering For:

☐ Camp I:	M-F	June 19-23	11-11:50 a.m.	1710.407
☐ Camp II:	M-F	June 26-30	11-11:50 a.m.	1710.408
☐ Camp III:	M-F	July 17- 21	11-11:50 a.m.	1710.409
☐ Camp IV:	M-F	July 24-28	11-11:50 a.m.	1710.410

- **REGISTRATION FEE: $25 CITY/$42 NON-CITY**

Begins March 28th for City Residents, April 4th for Non-City
Deadlines: June 8th for Camp I & II and June 29th for Camp III & IV

OFFICE USE ONLY:

_____	_____	_____	_____
Date	Payment Received	Receipt #	Staff