

VERNON TENNIS ASSOCIATION
www.vernontennis.com

JUNIOR TENNIS PROGRAM - REGISTRATION FORM

(If you are not registering ON-LINE, please print this form (2 pages))

Please read all the information on the VTA website regarding the NEW Junior Development Program prior to completing this form

JUNIOR TENNIS LESSONS: (Please circle the lesson group for each child for whom you are paying.)

Red Ball:	AGES 5 to 7	April 15, 29, May 6, 13, 27 (3:30 TO 4:30 pm)	5 lessons	(\$45)
		July 15, 16, 17, 18, 19 (12 noon to 1:00 pm)	5 lessons	(\$45)
Orange Ball:	AGES 8 & 9	April 15, 29, May 6, 13, 27 (4:30 TO 5:30 pm)	5 lessons	(\$45)
		July 15, 16, 17, 18, 19 (1:00 pm to 2:00 pm)	5 lessons	(\$45)
Green Ball:	AGES 10 to 12	April 17, 24, May 2 (3:30 to 4:30) and June 11, 18 (3:30 – 4:30)	5 lessons	(\$45)
		July 22, 23, 24, 25, 26 (12 noon to 1:00 pm)	5 lessons	(\$45)
Yellow Ball:	AGES 13 to 15	April 17, 24, May 2 (4:30 to 5:30) and June 11, 18 (4:30 – 5:30)	5 lessons	(\$45)
		July 22, 23, 24, 25, 26 (1:00 pm to 2:00 pm)	5 lessons	(\$45)

TEAM TENNIS: (Please circle the Team Tennis group for each child for whom you are paying.)

AGES 5 to 7	APRIL 26, May 3, 17, 24, 31 (No tennis May 10 and June 7) and June 14, 21 (3:30 to 4:30)	(\$45)
AGES 8 & 9	APRIL 26, May 3, 17, 24, 31 (No tennis May 10 and June 7) and June 14, 21 (3:30 to 4:30)	(\$45)
AGES 10 to 12	APRIL 26, May 3, 17, 24, 31 (No tennis May 10 and June 7) and June 14, 21 (4:30 to 5:30)	(\$45)
AGES 13 to 15	APRIL 17, 24 May 1, 15, 22, 29 (No tennis May 8 and June 5) and June 12, 19 (4:30 to 5:30)	(\$45)

Please Print Clearly

CHILDREN'S NAME(S): (1) _____ Age as of July 31/19: _____

(2) _____ Age as of July 31/19: _____

(3) _____ Age as of July 31/19: _____

(4) _____ Age as of July 31/19: _____

TOTAL PAYMENT INCLUDED: \$45 X _____ = \$ _____ **cheque only please, if mailing.**

Payment must be received by the beginning of classes – **Monday, April 15, 2019**
If necessary, contact may be made through our website (www.vernontennis.com) or by phone: 778-475-1371.

PARENT/GUARDIAN'S NAME: _____

PHONE DURING THE DAY: Home: _____ Work/Cell: _____
(we must have a reliable contact number in case your child needs assistance)

EMAIL ADDRESS (please print clearly): _____

MAILING ADDRESS: _____

Comments: _____

You will receive a confirmation email with instructions for the first class.
A parental consent form/waiver will also be required to be signed at the first class.

PARENT/GUARDIAN'S SIGNATURE: _____ **Date:** _____

Please complete the registration form and mail with a cheque payable to: Vernon Tennis Association
Mail to: **Jackie Labuhn, Membership & Communication Coordinator**
Vernon Tennis Association
40 - 7760 Okanagan Landing Rd., Vernon, V1H 1Z4

All tennis sessions & instruction will take place at **MARSHALL FIELD** tennis courts, 6610 Okanagan Landing Rd. Vernon, BC