



Twin Farms Tennis Summer Camp 2010 Registration Form



Parent/Guardian Name(s): _____

Camper Name(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Address: _____

Home Phone No: _____ Cell Phone No: _____

E-mail: _____

Emergency Contact: _____ Phone No: _____

Tennis Camp Sessions - - Please CHECK session(s) that apply:

(camps are from 10:30 am to 1:30 pm)

- Session 1: June 21st – 25th
- Session 2: June 28th – July 2nd
- Session 3: July 12th – 16th
- Session 4: July 19th – 23rd

Cost: \$100 (Twin Farms Club Members) / PER CHILD/ PER SESSION
\$130 (Non-Members) / PER CHILD/ PER SESSION

	No. of SESSIONS	X	No. of PERSONS	SUBTOTAL
Camp(s):	_____	x \$100 (member)	x _____	\$_____
	_____	x \$130 (non-member)	x _____	\$_____
			TOTAL = \$	_____

Please send check or cash, with this registration form to:

Twin Farms Swim & Tennis Club
P.O. Box 4114
Silver Spring, MD 20914

or

In Person to Coaches (Paula deGuzman, Austin Brown, Anicia King)

**** Please Make Checks Payable To:** Twin Farms Club, Inc