

The Michael Filipek Tennis Academy

@ Choate Rosemary Hall/Hunt Tennis Center

Wallingford, CT

June 23-August 1, 2008

JUNIOR DAY CAMP APPLICATION FORM

Name of Camper _____
Address _____ City _____
State _____ Zip _____ Date of Birth _____
M _____ F _____ School _____

Parent/Guardian Name _____
Telephone (H) _____ (C) _____ (W) _____
Email _____

Please describe player's tennis experience: _____

Please Circle and Initial Program Selection:

Junior Academy (Age 7-18) - \$475*

Week One: June 23-27
Week Two: June 30-July 4
Week Three: July 7-11
Week Four: July 14-18
Week Five: July 21-25
Week Six: July 28-Aug 1

"New Stars" Program (Age 5-9 beg) - \$210

Week One: June 23-27
Week Two: June 30-July 4
Week Three: July 7-11
Week Four: July 14-18
Week Five: July 21-25
Week Six: July 28-Aug 1

DISCOUNTS APPLIED FOR MULTIPLE WEEKS

*Additional \$50 refundable rain deposit is required and must be included with application
See website for details

Select Payment Type: Check _____ MasterCard _____ Visa _____
Amount Enclosed \$ _____
Card # _____ Expiration _____ CVV Code _____

I authorize that my credit card will be charged for the programs selected above.

Signature _____ Date: _____

I understand that neither The Michael Filipek Tennis Academy nor any person associated with the Academy is responsible for accidents and/or medical or dental expenses as a result of participation in the program. I certify that the applicant is in good health and able to participate in all activities in which he/she is enrolled.

Signature _____ Date _____

Please make checks payable and mail to:
The Michael Filipek Tennis Academy
444 17th Street Apt. 2c
Brooklyn, NY 11215