

Minnetonka Tennis Club
Non Member- Session
2007 –2008 Fall /Spring Registration
One form for EACH child

Family Last Name: _____

First Name: Child 1 _____ Level: _____

Class Day & Time _____

Health concerns: _____

Other Siblings Participating: _____

Please include all health information specific to your child. Health information will be shared with teaching staff when necessary. Complete information is critical for all participants.

PARENT/GUARDIAN INFORMATION:

Last Name: _____

First Name Father: _____ Tel. No _____ Cell _____

First Name Mother: _____ Tel. No _____ Cell _____

Contact Address: _____ City _____ Zip _____

Contact E-mail address: (1) _____

Contact E-mail address: (2) _____

PAYMENT FOR ALL CLASSES IS DUE AT REGISTRATION

Payment Mode: Check _____ Cash _____ *Credit Card _____ (Master Card or Visa Only)

* A \$2 processing fee will be added to your registration fee if you do not pay by credit card in person)

Credit Card Information: Card Holder Name _____

Credit Card Number: _____ Exp. Date: Month/Year _____

Parent/Guardian Signature: _____ Date: _____

Ver 01-2008

3460 County Road 101 South, Minnetonka MN 952-473-2591 fax: 952-404-2033