



8-Week Summer Day Camp Registration Form

June 7 – July 30, 2009

Name: _____ Date: _____

Birthdate: _____ Gender: M ___ F ___ Phone: _____

School Grade 2010/2011: _____ Junior Varsity: _____ Varsity: _____ T shirt Size: _____

Parent/Guardian: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Deposit (\$100 Non Refundable Deposit required to reserve your spot)

Full Tuition/3-Day Program (\$520)

Full Tuition/1-Day Program/JV Only (\$170)

Amount Enclosed: \$ _____ Balance Due: \$ _____

Waiver: I agree to release Bowe Tennis Academy, St. Johns University and District 742 and their employees of all liability related to injuries which myself or a member of my family may incur while participating in the above mentioned activities. Also, I give permission for emergency procedures to be administered if I cannot be contacted.

Parent/Guardian Signature: _____

Participants Signature: _____

Name of Physician: _____

Health Insurance: _____

Send Payment to: **Bowe Tennis Academy**
6555 NE River Road
Sauk Rapids, MN 56379

Phone: 320-255-9668

Email: jack@bowetennisacademy.com

Website: www.bowetennisacademy.com