



## 2010 Resident Camp Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Phone: \_\_\_\_\_

School Grade 2010/2011: \_\_\_\_\_ **Beginner** Intermediate **Advanced** T-Shirt Size: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Deposit (**\$100.00 Non Refundable Deposit required at registration to reserve your spot**)  
Full Tuition (**\$440.00**)

Amount Enclosed: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

**Camp Dates:** July 7-10 \_\_\_ July 22-25 \_\_\_ Aug 1-4 \_\_\_

**Roommate Request:** \_\_\_\_\_

**Waiver:** I agree to release BoweTennis 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](mailto:jack@bowetennisacademy.com)

Website: [www.bowetennisacademy.com](http://www.bowetennisacademy.com)