2019

APRIL SCHOOL HOLIDAY TENNIS TWO DAY CLINICS
Narre Warren South Tennis Club



MONDAY 15th & TUESDAY 16th April
Hot Shots Clinic 4-10yrs
9am to 11.30am
Junior Squad Clinic 10-16yrs
11.30am to 2pm

BOOKINGS ARE ESSENTIAL
PLEASE CONTACT
Program Coordinator
Adrian
Mob: 0417 591 911

Email info@mtennis.com.au

CONDITIONS OF ENROLMENT

ENTRIES CLOSE FRIDAY 12th APRIL

HOW TO ENROL		
Complete enrolment form and submit by Friday 12th April via Email or	text photo	
PROGRAM DETAILS (Please tick the boxes)		
Monday 15th & Tuesday 16th April		
Hot Shots Tennis Clinic 4yo - 10yo 9am - 11.30a	am 🗌 \$99.00 both days or 🗌 Mon 🗍 Tue	\$55 one day
Junior Squad Tennis 10yo - 16yo 11.30am - 2pm	n ☐ \$99.00 both days or ☐ Mon ☐ Tue st	\$55 one day
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PARTICIPANT INFORMATION (PLEASE COMPLETE <u>ALL</u> FIEI	LDS CLEARLY)	
Childs Name:		Date of Birth:
Parent's Name		
Address:	Suburb:	P/Code:
Mob:	Email:	
Name of School/Kinder:		
Tennis Experience: □ Total Beginner □ Beginner □ Inte	ermediate Advance	
Any Known Medical Conditions:	Parent's Signature :	
LOCAL EMERGENCY CONTACT NAME	MOBILE:	
Total Amount Enclosed \$ MEHTOD OF PAYI	MENT □ Cheque □ Money Order □ EFT □ Cas	sh □ Credit Card
PAYMENT DETAILS		
Please email or text (photo) registration form to info@mtennis.com.au	<u>ı</u> or 0417 591 911	
Electronic Funds Transfer: (Preferred) Name: Millennium Tennis Academy - Bank: BSB: 033-126 - Account: 42	28425 - Reference: Use Child's Name as reference.	
Credit Card: (Preferred) I authorize payment of \$ + 3%	6 = \$Merchant Bank Fee Credit Card Type: Ma	ıstercard □ Visa □
Card Number: / /	/ Expiry Date://	<u> </u>
Card Holder Signature:		
OFFICE USE ONLY Date Received:	Received By:	
Card Holder Signature: OFFICE USE ONLY Date Received: CONFIRMATION OF ENROLMENT AND ACKLOWLEDGEMENT OF IN	Received By:	
PLEASE READ THE MTA POLICIES		
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www.mtennis.com.au/policies

By signing below you acknowledge that you have read and understood the MTA policies listed on our website. If you are not able to access this information please contact us and we will send it to you.

PARENTS NAME : _____ PARENTS SIGNATURE : _____