



**BOOKINGS ARE ESSENTIAL PLEASE CALL**  
Tennis Program Coordinator Adrian on  
0417 591 911 or email [info@mtennis.com.au](mailto:info@mtennis.com.au)

## **CONDITIONS OF ENROLMENT**

**NARRE WARREN SOUTH TC**

**ENTRIES CLOSE FRIDAY 22nd SEPTEMBER**

## HOW TO ENROL

Complete enrolment form and submit **on or before Friday 22nd September** via Mail, Fax, Email or hand to Millennium Tennis Coach during the weekly tennis lesson.

**PROGRAM DETAILS** (Please tick the boxes)☐ **Hot Shots Tennis 5 to 7yo** or ☐ **Hot Shots Tennis 8 to 12yo**

**Cost \$117 or pay before Thursday 21st September and PAY ONLY \$97.00**

**PARTICIPANT INFORMATION (PLEASE COMPLETE ALL FIELDS CLEARLY)**

Childs Name: \_\_\_\_\_ ☐ Male ☐ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name.

Address: Suburb: P/Code:

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

Name of School/Kinder: \_\_\_\_\_

Tennis Experience: ☐ Total Beginner ☐ Beginner ☐ Intermediate ☐ Advance

Any Known Medical Conditions: \_\_\_\_\_ Parent's Signature : \_\_\_\_\_

LOCAL EMERGENCY CONTACT NAME MOBILE:

Total Amount Enclosed \$ MEHTOD OF PAYMENT ☐ Cheque ☐ Money Order ☐ EFT ☐ Cash ☐ Credit Card

## PAYMENT DETAILS

**Cash:** Please submit registration form with correct payment in an envelope with your child's name to your child's coach before the closing date.

**Cheques & Money Orders:** Please send registration form along with payment to Millennium Tennis Academy PO Box 1140, Waverley Gardens, VIC 3170 (Cheque / Money Order made out to Millennium Tennis Academy)

**Electronic Funds Transfer (Preferred Payment Method):** Please Fax (8502 8837) or send registration form via post.

Name: Millennium Tennis Academy - Bank: BSB: 033-126 - Account: 428425 - Reference: Use Child's Name as reference.

**Credit Card:** I authorize payment of \$\_\_\_\_\_ + 3% = \$\_\_\_\_\_ Merchant Bank Fee Credit Card Type: ☐ Mastercard ☐ Visa

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Card Holder Signature: \_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Other: \_\_\_\_\_

### CONFIRMATION OF ENROLMENT AND ACKNOWLEDGEMENT OF MTA 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 : \_\_\_\_\_

**Washout** – If a washout occurs we will either make up the lost time by adding time or refund the fees.