

2020 TERM 1 NEW STUDENTS ENROLMENT FORM

NARRE WARREN SOUTH TENNIS CLUB

Term 1 starts from: Saturday 1st February
7 Week Term

NEW ENROLMENTS
START UP PACKAGE INCLUDES
RACQUET & T-SHIRT



An enrolment form must be completed and returned before the start of coaching term to secure a position in a coaching class. Please complete the details on the reverse side. Each member of a family must submit a separate enrolment form.

HOT SHOTS STARTER CLUB PROGRAM Pre & Primary School Students	TIMES & DAYS 45 & 30 min sessions	TERM FEES 7 weeks
RED ZONE: PREP - GRADE 2 HOT SHOTS STARTER PROGRAM For players aged 5 to 8 with little or no tennis experience.	4:00pm Mon - Tue - Thur - Fri (45min session) 8.45am, 9.15am, 9.45am & 11.15am Sat (30min session)	Weekday \$165.00 Saturday \$150.00
ORANGE ZONE: GRADE 3 - 4 HOT SHOTS STARTER PROGRAM For players aged 8 to 10 with little or no tennis experience	4:45pm Mon - Tue - Thur - Fri (45min session) 9.15am, 9.45am, 10.15am 10.45am Sat (30min session)	Weekday \$165.00 Saturday \$150.00
GREEN ZONE: GRADE 5 - 6 HOT SHOTS STARTER PROGRAM For players aged 10 to 12 with little or no tennis experience	5:30pm Mon - Tue - Thur - Fri (45min session) 11.15am & 11.45am Sat (30min session)	Weekday \$165.00 Saturday \$150.00

Saturday times may vary depending on age and level



JUNIOR CLUB PROGRAM PATHWAY

- HOT SHOTS STARTER PROGRAM
- HOT SHOTS SQUAD PROGRAM
- JUNIOR CLUB PROGRAM
- GAME PLAY PROGRAM
- COMPETITION DEVELOPMENT SQUADS
- TOURNAMENT DEVELOPMENT SQUADS
- PRIVATE LESSONS
- HOT SHOTS COMP LEAGUE

For Further Information Please Contact Adrian M: 0417 591 911
E: info@mtennis.com.au W: www.mtennis.com.au



REGISTRATION DETAILS (PLEASE COMPLETE ALL FIELDS CLEARLY)

NARRE WARREN SOUTH TENNIS CLUB

TERM: 1 2020

HOT SHOTS STARTER CLUB PROGRAM Pre & Primary School Student 45 & 30 min sessions

BLUE ZONE Pre - School - 3-4yrs	<input type="checkbox"/> 4:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	(45min sessions)
	<input type="checkbox"/> 8:45am				<input type="checkbox"/> Sat	(30min sessions)
RED ZONE: PREP to GRADE 2 - 5-8yo	<input type="checkbox"/> 4:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	(45min sessions)
	<input type="checkbox"/> 8:45am	<input type="checkbox"/> 9:15am	<input type="checkbox"/> 9:45am	<input type="checkbox"/> 11:15am	<input type="checkbox"/> Sat	(30min sessions)
ORANGE ZONE: GRADE 3 to 4 - 8-10yo	<input type="checkbox"/> 4:45pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	(45min sessions)
	<input type="checkbox"/> 9:15am	<input type="checkbox"/> 9:45am	<input type="checkbox"/> 10:15am	<input type="checkbox"/> 10:45am	<input type="checkbox"/> Sat	(30min sessions)
GREEN ZONE: GRADE 5 to 6 - 10-12yo	<input type="checkbox"/> 5:30pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	(45min sessions)
	<input type="checkbox"/> 11:15am	<input type="checkbox"/> 11:45am			<input type="checkbox"/> Sat	(30min sessions)

Childs Name/s: _____ ☐ Male ☐ Female Age: _____ Date of Birth: _____

Parent's Name: _____

Address: _____ Suburb: _____ P/Code: _____

Phone: _____ Mob: _____

Email: _____

Name of School/Kinder: _____

Any Known Medical Conditions: _____ Parent's Signature : _____

Total Amount Enclosed \$ _____ (Please Circle) - Cash, Cheque, Money Order, Electronic Funds Transfer, Credit Card

PAYMENT DETAILS

Please email or text (photo) registration form to info@mtennis.com.au or 0417 591 911

Electronic Funds Transfer: (Preferred)

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

Credit Card: (Preferred) 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: _____

PLEASE READ THE MTA POLICIES

www.mtennis.com.au/policies

Signature of Responsible Person: _____ Date: _____