



BOOKINGS ARE ESSENTIAL
PLEASE CONTACT
Program Coordinator
Adrian
Mob: 0417 591 911
Email info@mtennis.com.au

ENTRIES CLOSE 5 DAYS
BEFORE THE CLINIC DAY

2020 HOLIDAY TENNIS CLINIC

5-12yrs | 9am to 12pm | Only \$99.00

- January Clinic: Wed 22nd & Thur 23rd January
- April Clinic: Wed 8th & Thur 9th April

PROGRAM DETAILS (Please tick the boxes)

☐ 2020 January Clinic - Wed 22nd & Thur 23rd Jan \$99.00

☐ 2020 April Clinic - Wed 8th & Thur 9th Apr \$99.00

PARTICIPANT INFORMATION (PLEASE COMPLETE ALL FIELDS CLEARLY)

Child's Name: _____ ☐ Male ☐ Female Age: _____ Date of Birth: _____

Parent's Name: _____

Address: _____ Suburb: _____ P/Code: _____

Mob: _____ Email: _____

Name of School: _____

Tennis Experience: ☐ Total Beginner ☐ Beginner ☐ Intermediate

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

LOCAL EMERGENCY CONTACT NAME _____ MOBILE: _____

Total Amount Enclosed \$ _____ METHOD OF PAYMENT ☐ EFT ☐ 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: _____

CONFIRMATION OF ENROLMENT AND ACKNOWLEDGEMENT OF MTA POLICIES

PLEASE READ THE MTA POLICIES www.mttennis.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 : _____