

CHARLOTTETOWN TC 2020 WINTER PROGRAM REGISTRATION FORM

Programs: Indicate choice of time and start date in spaces below. You may register for more than one class

		Cost		\$ Total
JUNIOR	RED BALL PROGRAM (5-8 years old): Sunday, January 19th 2-3pm _ or 6-7pm _ Monday, January 20th - 10 weeks	\$ 190.00	x	=
JUNIOR	ORANGE BALL PROGRAM (7-10 years old): Sunday, January 19th 2-3pm _ or 6-7pm _ Monday, January 20th - 10 weeks	\$ 190.00	x	=
JUNIOR	GREEN BALL PROGRAM (10-17 years old) Sunday, January 19th 3-4pm_ or 7-8pm _ Monday, January 20th - 10 weeks	\$ 190.00	x	=
JUNIOR-ADULT	PRIVATE & SEMI PRIVATE LESSONS - Tuesday-Friday evenings __ 6-10pm - Fee is per person, per hour. Contact for available times	\$ 65.00	x	=
JUNIOR-ADULT	PRIVATE GROUP - Tuesday-Friday evenings __ 6-10pm - Fee is per person, per hour (min. group size 4) Contact for available times	\$ 30.00	x	=
EARLY BIRD RATE: \$10 OFF (E.G. \$180 INSTEAD OF \$190) IF WE RECEIVE YOUR FORM AND PAYMENT BY JANUARY 13.				⇒
NO REFUNDS AFTER JANUARY 17. REFUNDS BEFORE JANUARY 17 WILL BE SUBJECT TO A \$20 ADMINISTRATION FEE.				
Total Payment Due:				

PAYMENT **PAYMENT MUST BE RECEIVED BEFORE THE START OF THE PROGRAM**

NO REFUNDS AFTER JANUARY 17. REFUNDS BEFORE JANUARY 17 WILL BE SUBJECT TO A \$20 ADMINISTRATION FEE.

I have enclosed a cheque/money order payable to "Charlottetown Tennis Club", and will mail it together with this form to:
Charlottetown Tennis Club, c/o Port Union Community Centre, 5450 Lawrence Avenue East, Scarborough, M1C 3B2

I would like to pay via E-transfer and will contact President@charlottetowntennis.com for further payment information.
 I will send this form by email to the President or by mail to Charlottetown Tennis Club c/o Port Union Community Centre.

INFORMATION

Participant's name and age: _____

Address: _____ Postal code: _____

Phone # _____ Email: _____

List any allergies or health (Physical or Mental) issues that may affect your child's participation below: