

Adult Registration Form

Name _____ Sex: M F E-Mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () - - Office: () - - Fax: () - - Cell: () - -

Session Starting Date: ____/____/____ Full Session Mini Week I Mini Week II Weekend Flex
(Tues.-Sun.) (Tues.-Fri.) (Thurs.-Sun.) (Dates & Session) _____

Do you want room and board? Yes No If yes, Single Double Efficiency

Name of Roommate (if double) _____

Tennis Level (Optional): Beginner Adv. Beginner Intermediate Adv. Intermediate Advanced

Payment: *Check Credit Card Deposit (\$300 per session); Full Payment

MasterCard or Visa Card # _____ / _____ / _____ Exp. _____

How did you hear about us?			
Friend <input type="checkbox"/>	Ad <input type="checkbox"/>	Internet <input type="checkbox"/>	
Other _____			

I understand that injuries can occur in play, and I hereby assume the risk of any such injury and hereby release and agree to hold harmless, Swarthmore College and Tennis Camps Ltd. and their respective officers, employees and contractors from all loss or damage with respect to any injury sustained during the course of instruction or free play while at Swarthmore.

Signature: _____ Date: _____
I agree to the Terms & Conditions set out in the brochure

Send Reservation Form and Check Payable to:
Swarthmore Tennis Camp
444 East 82 St., Suite 311D,
NY, NY 10028-5919
E-Mail: Greatennis@aol.com
Call: 212-879-0225 or 1-800-223-2442 Fax: (212) 452-0816
www.swarthmoretenniscamp.com