**UPTON V.H. Tennis Club Easter Camp Application**

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| **Full Name** |  |
| **Address** |  |
| **Emergency Contact Details/Numbers.** |  |
| **Date of Birth****Age of 1st Jan 2012** |  |
| **Playing Experience**Please indicateMember / Non Member |  |
| **Medical Conditions** |  |
| **Parental Decleration:** I support the application for the Upton V.H. Tennis Club Easter camp and have declared any medical conditions that the coaches need to be aware of | **Signature/Name** |
| **Pyment Method****Please Indicate.**Cheque/Cash/Bank Transfer | **DATE** |

Please return with payment to uptontennisclub@sky.com Cheques payable to Colin Thornley. Bank Details for transfer will be provided upon this completed form being returned.