

Please enroll my child in the following Manchester Racquet Club Junior Tennis Program:

Complete & Mail to:

**Manchester Racquet Club
404 West Center Street
Manchester, CT 06040**

Child's Name _____ **Age** _____ **Program #** _____ **Session(A-E)** _____

Child's Name _____ **Age** _____ **Program #** _____ **Session(A-E)** _____

Printed Parent/Responsible Party _____ **Cell Phone** _____

Address _____ **Town** _____ **Zip** _____

Home Phone _____ **Email** _____

Please enroll my child in the Fri. Evening Jr. Team Tennis Program YES or NO (High Rookies-low Excel levels)

Please enroll my child in the Sunday Advanced Singles Ladder Program: YES or NO (Excel/ Championship levels only)

I have enclosed a \$75 deposit (per player) to reserve a place for my child in the MRC program.

I understand that players and guests use Manchester Racquet Club facilities and parking lot at their own risk.

PARENT'S SIGNATURE _____ **DATE** _____