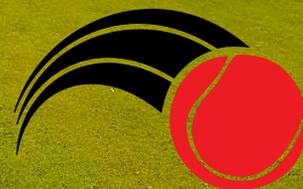




# ***Campden and Moreton Aces Tennis Academy***



## Application Form

Name of Player: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Are you a member? Yes  No

Day of Group: \_\_\_\_\_

Time of Group: \_\_\_\_\_

Male  Female  D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

School attending: \_\_\_\_\_

Please specify any medical conditions coaches should be aware of: \_\_\_\_\_

Tick to indicate you have read and understand the term and conditions: