



ALMONDSBURY TENNIS CLUB

Coaching Enrolment Form

Personal

Family Name _____

First Name _____ Male _____ Female _____

Address _____

Post code _____ Date of Birth _____ Age _____

School _____

Please describe any special care needs, dietary requirements, allergies or medical conditions that will assist the club to meet your/your child's needs

Contact Details

Home Tel _____ Mobile 1 _____ Work _____

Preferred Phone number for emergency _____

E-mail _____

Tennis Details

British Tennis Membership No:

--	--	--	--	--	--	--	--	--	--

Rating _____ Would you be willing to play for a club team Y ___ N ___

(BT Membership is recommended and information is available from your coach or www.LTA.org.uk)

Payment Details

Squad Name _____

Squad Day (s): _____

Squad Time (s): _____

Total Amount Enclosed: _____ cheques payable to **Almondsbury Tennis Club**

Please tick here [] if you do not wish your/your child's photograph to be used for publicity purposes

Signed _____ Parent/Guardian Date _____

Terms & Conditions

A late payment charge of £5 will be levied if course fees are not paid within 14 days of the start of term.