



# BILL DUNN'S SUMMERVIEW PROGRAM 2009



For Kids 5 -14 Years Old  
Monday – Friday, 9:00 AM – 3:00 PM

**All 4 Steps below must be completed to register:**

**Step 1: Complete student information**

_____	_____	_____
Last Name	First Name	Phone
_____		_____
Address		Age and Date of Birth
_____		Permission to use photo
City, State Zip		(circle one): Yes No
_____	_____	_____
Parent/Guardian's Name	Daytime Phone/Cell Phone	Email Address
_____	_____	_____
Emergency Contact Person	Emergency Contact's Work Phone	Emergency Contact's Cell Phone/Pager

**Step 2: Check desired days or weeks**

<p><b>Week 1</b></p> <input type="checkbox"/> Monday June 22 <input type="checkbox"/> Tuesday June 23 <input type="checkbox"/> Wednesday June 24 <input type="checkbox"/> Thursday June 25 <input type="checkbox"/> Friday June 26 <input type="checkbox"/> Week of 6/22 – 6/26	<p><b>Week 2</b></p> <input type="checkbox"/> Monday June 29 <input type="checkbox"/> Tuesday June 30 <input type="checkbox"/> Wednesday July 1 <input type="checkbox"/> Thursday CLOSED <input type="checkbox"/> Friday CLOSED <input type="checkbox"/> Week of 6/29 – 7/1	<p><b>Week 3</b></p> <input type="checkbox"/> Monday July 6 <input type="checkbox"/> Tuesday July 7 <input type="checkbox"/> Wednesday July 8 <input type="checkbox"/> Thursday July 9 <input type="checkbox"/> Friday July 10 <input type="checkbox"/> Week of 7/6 – 7/10
<p><b>Week 4</b></p> <input type="checkbox"/> Monday July 13 <input type="checkbox"/> Tuesday July 14 <input type="checkbox"/> Wednesday July 15 <input type="checkbox"/> Thursday July 16 <input type="checkbox"/> Friday July 17 <input type="checkbox"/> Week of 7/13 – 7/17	<p><b>Week 5</b></p> <input type="checkbox"/> Monday July 20 <input type="checkbox"/> Tuesday July 21 <input type="checkbox"/> Wednesday July 22 <input type="checkbox"/> Thursday July 23 <input type="checkbox"/> Friday July 24 <input type="checkbox"/> Week of 7/20 – 7/24	<p><b>Week 6</b></p> <input type="checkbox"/> Monday July 27 <input type="checkbox"/> Tuesday July 28 <input type="checkbox"/> Wednesday July 29 <input type="checkbox"/> Thursday July 30 <input type="checkbox"/> Friday July 31 <input type="checkbox"/> Week of 7/27 – 7/31
<p><b>Week 7</b></p> <input type="checkbox"/> Monday Aug. 3 <input type="checkbox"/> Tuesday Aug. 4 <input type="checkbox"/> Wednesday Aug. 5 <input type="checkbox"/> Thursday Aug. 6 <input type="checkbox"/> Friday Aug. 7 <input type="checkbox"/> Week of 8/3 – 8/7	<p><b>Week 8</b></p> <input type="checkbox"/> Monday Aug. 10 <input type="checkbox"/> Tuesday Aug. 11 <input type="checkbox"/> Wednesday Aug. 12 <input type="checkbox"/> Thursday Aug. 13 <input type="checkbox"/> Friday Aug. 14 <input type="checkbox"/> Week of 8/10 – 8/14	<p><b>Week 9</b></p> <input type="checkbox"/> Monday Aug. 17 <input type="checkbox"/> Tuesday Aug. 18 <input type="checkbox"/> Wednesday Aug. 19 <input type="checkbox"/> Thursday Aug. 20 <input type="checkbox"/> Friday Aug. 21 <input type="checkbox"/> Week of 8/17 – 8/21

**Step 3: Enclose Pre-payment**

>>>>> **COST PER DAY: \$60** <<<<<< >>>>> **COST PER 5 DAY WEEK: \$275** <<<<<<

**FULL PAYMENT IS REQUIRED TO REGISTER - NON-REFUNDABLE & NON-TRANSFERABLE.  
MAIL TO: Bill Dunn's SUMMER TENNIS SCHOOL, 36 EAST STREET, MIDDLETON, MA 01949  
PHONE: Bill Dunn (978) 766-6871**

**Step 4: Important – This portion must be completed for attendance.**

**Permission to Provide Necessary Treatment or Emergency Care:**

I hereby give permission to Bill Dunn's Summer Tennis School to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Bill Dunn's Summer Tennis School to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Bill Dunn's Summer Tennis School to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date