



BILL DUNN'S SUMMER TENNIS SCHOOL 2008



for kids 5 – 14 years old
Monday – Friday, 9 a.m. – 12 noon

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	Work/Day Phone	Cell Phone/Pager
_____	_____	_____
Emergency Contact Person	Emergency Contact's Work Phone	Emergency Contact's Cell Phone/Pager

Step 2: Check desired days or weeks

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

Step 3: Enclose Pre-payment

>>>>> COST PER DAY: \$45 <<<<<< >>>>> COST PER 5 DAY WEEK: \$195 <<<<<<

**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