USCTDP, Inc. Fall/Winter 2016- 2017 Junior Tennis Clinics Registration Form

Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____ Email _____

Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Registering For: Junior Sessions: A___ B___ C____ Day & Time _____ Day & Time _____ Level of Play _____ Total _____

Registering For: Junior Sessions: I___ II___ III___ IV___ Day & Time _____ Day & Time _____ Total _____

Registering For: Junior Sessions Tiny Tots : I___ II___ III___ IV___ Day & Time _____ Day & Time _____ Total _____

10 and under Racquets will be sold at the first class for $20.00. Check Here___ if you like to purchase a 10 and under racquet.

Total Fees Enclosed $_____

Please indicate method of payment: Check Enclosed (Payable to USCTDP, Inc.): Visa: _____ Master Card: _____ Discover: _____

Account Number: _____ Expiration Date: _____

Print Name on Card: _____ Signature: _____ (Required on Charge Orders)

Mail completed form to: USCTDP, Inc., 37 McMurray Rd., Building #1, Suite LL1, Upper St. Clair, PA 15241
www.usctdp.com Email: tennis@usctdp.com Direct Questions: 412-831-2630

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TENNIS DEVELOPMENT PROGRAM