



World Class Quickstart Holiday Day Camp Winter Registration Form 2017

Camper Name _____ Parent Name _____

Address _____ City/State/Zip _____

Email _____ Cell _____

Date of Birth and Age _____

Please sign my child up for the following day(s) or full camp: Check all that apply.

Parents, please note that because of the Christmas Holiday falling on Monday, we are running the program Wednesday to Friday this year. The program will be held at the VDM Tennis Center on DeAllyon Avenue.

Full camp of Dec 27, 28 & 29, 2017 _____
or selected days

Wed _____
Thur _____
Fri _____

The camp runs from 8:30 to 12:30 at \$120 for all 3 days or \$43/day. \$ _____ Total due.

Enclosed is my check (payable to VDM Tennis). Or please charge my credit card

_____ exp _____

Printed Name _____

Signature _____

Medical/photo release form must accompany registration form