

# KJTC APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at Camp \_\_\_ M \_\_\_ F \_\_\_

Phone H ( \_\_\_\_\_ ) \_\_\_\_\_

Phone W ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail below (a confirmation will be sent upon receipt of application)

\_\_\_\_\_

Dates Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Non-boarding Camper \_\_\_\_\_ Boarding Camper

Roommate Request(s): \_\_\_\_\_

\_\_\_\_\_

Level of Play: Novice \_\_\_\_\_ Int. \_\_\_\_\_ Adv. \_\_\_\_\_

T-shirt size (adult):    S            M            L            XL

Amount Enclosed: \_\_\_\_\_

I understand that neither KJTC Tennis Camp nor anyone associated with the camp is responsible for accidents and/or medical and dental expenses incurred as a result of participation in the camp program. The applicant is in good health and able to participate in the activities of the camp.

\_\_\_\_\_

Signature of Parent or Adult Applicant

Please make checks payable and mail to:  
KJTC  
24 College Hill  
Hanover, NH 03755  
Phone (603) 646-0751

-----DO NOT WRITE BELOW THIS LINE-----

*Office Use Only*

Date Rec.	Deposit	Balance	Total PD