

KJTC APPLICATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age at Camp _____ Male _____ Female _____

Phone H (_____) _____ Phone W (_____) _____

Cell Phone (_____) _____

E-Mail address below (This should be the parent's email. 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 Received	Deposit	Balance Due	Total Paid