Office use only:

## Registration Form for Fall Season 2024 September 2 to December 29 (17 weeks)

Name:						
Contact pho	one number:					
Hours and day selection: Total hours:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Full court - s	•	i court progra	m - \$35		
Total payme	ent:	 	d as = (# of ho	urs per week)	x (rate) x (# of	week) + HST
program. The Program fee Septe	e \$150 admini		non-refundab	<u>le.</u>	-	gn up for the
Please make	e the cheques the program w	payable to: <b>28</b> ill <u>only</u> be entit <b>able</b> . But the o	tled to a <b>max</b>	imum of 3 m	-	-
AT LEAST 2	4 HOURS bef	ore the class thes. Make-ups d	nat is to be m	issed. No mo	netary refund	ls will be
accepted she A refund/cre	r wishing to wi ould make a re dit may be pro	thdraw from a sequest in writin wided only if me session and	g to: concord edical circum	tennisacader stances mak	my@gmail.co e it impossibl	m e for the
immediately	•	e returned due eque covering 50.00			•	
acknowledge	tion on this reg es that they ha	gistration form i ave read and u e and Acknowle	nderstood all	policies and	information co	ontained in
Signature: _			Da	ate:		