



APRIL BREAK

Youth Tennis Camp Enrollment

Monday - Thursday, April 17 - 20, 2023

Child's Name: _____
Last, First

_____ *Nickname* _____ *Age*

Child or Grandchild of 2023 Chequesett Club Member Yes No

Member's Full Name: _____

Please select your child's age group:

*Minimum of 4 and maximum of 12 children. Players must pre-register.

Tennis For Tots (Ages 3-5)

9 - 10 AM

Pricing

Members **\$65**

Non-Members **\$90**

Future Stars (Ages 6-9)

10 AM - 12 PM

Pricing

Members **\$125**

Non-Members **\$150**

Junior Tennis (Ages 10-15)

12 - 2 PM

Pricing

Members **\$125**

Non-Members **\$150**



Parent/Guardian Contact Info:

Parent/Guardian (1) Full Name: _____

Phone: _____ Email: _____

Address: _____

Parent/Guardian (2) Full Name: _____

Phone: _____ Email: _____

Address: _____

Health Information:

Allergies:

Please tell us about all medical conditions, physical disabilities, health concerns or significant medical history:

Health Insurance Company: _____

Policy Number: _____

Primary Health Care Provider: _____

(Name & Number)

Check or Credit Card Payment:

Enclosed check payable to: Chequessett Club

Credit Card #: _____ CVV: _____

Exp: _____ Zip: _____ Phone: _____

Full Name: _____

Please return the completed form to
Chequessett Club Tennis P.O. Box 779 Wellfleet, MA 02667

* I understand that Chequessett Club takes photos of the students which may be used on the Chequessett Club website and marketing, without revealing any personal information. I permit Chequessett to use photos for such purposes.

Parent Signature: _____ Date: _____