

PORT HURON TENNIS HOUSE

Junior Clinic Application

(810) 987-6868

Name: _____ Age: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Enroll in One Clinic

Enroll in Two Clinics

First Choice:

Day: _____ Time: _____

Day: _____ Time: _____

Day: _____ Time: _____

Alternate Choice:

Day: _____ Time: _____

Alternate Choice:

Day: _____ Time: _____

I understand I am obligated to abide by all bylaws of this club, and I am responsible for all charges made to my account.

Date: _____ Parent/Guardian Signature: _____