

The King's School

Holiday Camps



DETAILS

Date: Mon. 4 October - Fri. 8 October
Venue: *The King's School*
Pennant Hills Road, North Parramatta **Mob:** 0410 111 076
Cost: \$249.00

Times: 9.00am – 3.00pm (Daily)

Age: **Senior School only**

Format:

Each day involves stroke correction, drills and tennis specific games for all players.

More advanced players will compete in tennis singles and doubles match play. Hot shots modified tennis courts, nets and balls will be used for younger groups.

Please note of the "no hat no play" policy which applies for these camps

Children are to bring their own food and drink for recess and lunch.

Children will be grouped according to age and / or ability.

A presentation involving prizes will be held on the final day.

Please note: The tennis camps will be held in all weather conditions.

For any enquiries about enrolment, Please contact Mario Cabral on:

Mob: 0410 111 076

Fax: (02) 9763 7655

PLEASE FILL OUT REVERSE SIDE OF APPLICATION FORM

Email: mcabral@tennis.com.au

Mob: 0410 111 076



You must fill this form out in
Order to enrol

Which camp would you like to attend?

Name: _____

Address: _____

Postcode: _____ **D.O.B:** _____ **Age:** _____

Contact person: _____ **Ph:** _____

Mob: _____

Standard of play: *(please circle)* **Beginner** **Intermediate** **Advanced**

PAYMENT

- **Credit Card:** I hereby authorise a credit card payment of \$ _____

Please note: There is a 1% Surcharge Fee for Credit Card & 3% Fee for Amex Payments

Signature: _____

Credit Card Type: Visa Mastercard Bankcard

Credit Card Number: _____ , _____ , _____ , _____

Expiry Date: ____ / ____

Name as shown on card: _____

I am making a cash / cheque payment of \$ _____

(cheque payments please make payable to Tennis NSW)

Medical Conditions:

Does your child have any disability (i.e. Physical / Intellectual / Behavioral), Illness (i.e. Asthma) and / or Allergies we should know about?

Please give details: _____

Disclaimer: By signing this enrolment form you as the parent and/or guardian of your child(s) assume complete acceptance of all risks and responsibilities for your child(s) participation in these and/or any other related activities conducted by Tennis NSW. Whilst all precautions are taken, Tennis NSW does not assume any damage, costs and/or bear the financial cost of any other consequences resulting from these activities.

Signature: _____ **Date:** _____

Contact: **Mob:** 0410 111 076
Fax: (02) 9763 7655 (Tennis NSW office)

Postal Address: Tennis NSW
PO Box 6204
Silverwater NSW 1811