

Junior Program-Registration Form

Middlesex Club/Season 2008

Last Name: _____ Middlesex Bond #: _____

Child's First Name: _____ Age: _____ Birthday: ____/____/____ Gender: M- F

Address: _____

Home Phone: _____ Email: _____

In Case of Emergency Call: _____ Phone#: _____

If you have more than one child, please make copies of this form.

Junior Spring Camp: May 12th - June 20th

*Mark Clinic	Clinic	Days	Times
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<input type="radio"/>	Pee Wees 4-6	M/W	3:30-4:15 PM
<input type="radio"/>	Pee Wees 4-6	T/Th	3:30-4:15 PM
<input type="radio"/>	Juniors 7-11	M/W	4:00-5:00 PM
<input type="radio"/>	Juniors 12 +	M/W	5:00-6:00 PM
<input type="radio"/>	Juniors 7-11	T/Th	4:00-5:00 PM
<input type="radio"/>	Juniors 12+	T/Th	4:00-5:00 PM

Advanced Junior Program: This program will be held Wednesdays and Fridays from 4:30-6 PM, and is by invitation only. Please schedule an evaluation with our pro staff.

Junior Summer Clinics:

- Session 1: June 23rd - July 11th
- Session 2: July 14th - August 1st
- Session 3: August 4th - August 22nd

*Mark Clinic	Clinic	Days	Times
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<input type="radio"/>	Pee Wees 4-6	M/W/F	11-11:45 AM
<input type="radio"/>	Juniors 7-11	M/W	4:00-5:00 PM
<input type="radio"/>	Juniors 12 +	M/W	5:00-6:00 PM
<input type="radio"/>	Juniors 7-11	T/Th	4:00-5:00 PM
<input type="radio"/>	Juniors 12+	T/Th	4:00-5:00 PM

Parent/Guardian Name: _____ Date: _____

Mail to: Faycal Rhazali/ 39 Maple Tree Ave # 36, Stamford CT, 06906

or email: msxtennis@optonline.net

Priority will be based on date of registration form receipt. You will get a confirmation email.