

Please Enroll my child in the following Manchester Racquet Club Junior Tennis Program:
Complete & Mail to: Manchester Racquet Club
404 West Center Street
Manchester, CT 06040

Child's Name _____ Age _____ Program # _____ Session (A-E) _____
Child's Name _____ Age _____ Program # _____ Session (A-E) _____
Printed Parent/Responsible Party _____ Cell Phone _____
Address _____ Town _____ Zip _____
Home Phone _____ Email _____

Please enroll my child in the Fri. Evening Jr. Team Tennis Program YES or NO (High Rookies-low Excel levels)
Please enroll my child in the Sunday Advanced Singles Ladder Program: YES or NO (Excel/ Championship levels only)

I have enclosed a \$75 deposit (per player) to reserve a place for my child in the MRC program.
I understand that players and guests use Manchester Racquet Club facilities and parking lot at their own risk.
PARENT'S SIGNATURE _____ DATE _____