

BSR TEAM TENNIS REGISTRATION FORM 2008

FAMILY LAST NAME _____

PARENT/GUARDIAN
NAME _____

PHONE # () _____

E-MAIL _____

PARENT (GUARDIAN) SIGNATURE _____

I consent to the participation of the children listed below and hold BSR harmless for any injuries:

Enter Tennis Players Names Below

	FIRST NAME	LAST NAME	AGE	BIRTHDATE
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

FEE: \$25.00 PER PLAYER

PRACTICES WILL BE MONDAYS/WEDNESDAYS/FRIDAYS **JUNE 2 THRU JULY 25**

AGES 13-18 PRACTICE TIME 6:00-7:00 P.M.

AGES 9-12 PRACTICE TIME 7:00-8:00 P.M.

TENNIS MATCHES WITH OTHER POOLS WILL BE MONDAY THRU THURSDAY IN THE BOWIE/
CROFTON AREA AT 1:00 P.M. **WILL YOU BE ABLE TO ATTEND? YES _____ NO _____**

WE WILL NEED PARENT VOLUNTEERS FOR HOME AND AWAY MATCHES.

ARE YOU ABLE TO HELP? **YES _____ NO _____**