



## 2019 Junior Tennis Club Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Session(s): \_\_\_\_\_

Days: \_\_\_\_\_

Second Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Session(s): \_\_\_\_\_

Days: \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Phone \_\_\_\_\_

Allergies (please specify) \_\_\_\_\_

Rice krispy treats, pretzels and Capri Sun juice will be served for snacks.

Please return this form to the Tennis Pro Shop or mail to:

Marc Lupinacci  
374 Eden Rd.  
Stamford, CT 06907

All checks should be made payable to Marc Lupinacci. Please e-mail Marc Lupinacci at [italiancenterpro@gmail.com](mailto:italiancenterpro@gmail.com) with any questions.