



Registration for JUNIOR GROUP COACHING

	NAME	M/ F	DATE OF BIRTH
	First Name Surname		
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

ADDRESS _____

PHONE	Home _____	Mobile _____	Work _____
-------	------------	--------------	------------

EMAIL _____	PARENT OCCUPATION _____
-------------	-------------------------

Important for information updates re coaching

NEW Juniors	Previous Coaching _____
-------------	-------------------------

Junior Group Coaching TERM Fees - Tick appropriate category

<input type="checkbox"/>	Junior term rate – 9 weeks Individual	\$135	\$50 0
--------------------------	---	-------	-------------------



	JUNIOR Family term	\$ 32	
	rate – 9 weeks	0	\$70

Family rate applies for 3 or more sibling juniors

TOTAL FEES ::	\$10
	\$

SIGNATURE OF PARENT _____

DATE _____

Payment by Cash, Cheque or Direct Deposit to
Steve James Tennis Coaching
BSB 065 163
Account Number 1015 6681
Postal address 50 Jenkins Avenue Rostrevor SA 5073
Mobile 0403 184 383
Email skjames@iprimus.com.au
Website www.stevejamestennis.com