



2020 JUNIOR HOLIDAY CAMP REGISTRATION FORM

Child's Name _____ Age _____ 2nd Child's Name _____ Age _____
 3rd Child's Name _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Parent's E-Mail _____
 Cell Phone _____ Emergency Contact _____

Please check desired dates.

9:30 - 3:30 FULL DAY / 9:30 - 12:00 HALF DAY

WEEK 1

Monday, DEC 21: FULL / HALF DAY/ LUNCH
 Tuesday, DEC 22: FULL / HALF DAY/ LUNCH
 Wednesday, DEC 23: FULL / HALF DAY/ LUNCH
 Thursday, DEC 24: FULL / HALF DAY/ LUNCH

WEEK 2

Monday, DEC 28: FULL / HALF DAY/ LUNCH
 Tuesday, DEC 29: FULL / HALF DAY/ LUNCH
 Wednesday, DEC 30: FULL / HALF DAY/ LUNCH
 Thursday, DEC 31: FULL / HALF DAY/ LUNCH

MEMBERS	GUESTS
Full day with lunch = \$90	Full day with lunch = \$110
Full day bring your own lunch = \$80	Full day bring your own lunch = \$100
Half day = \$50	Half day = \$60

Full payment must accompany registration form.

Total fee \$ _____

Charge my: Visa MasterCard AMEX Discover House Charge Check

CC# _____ Exp. _____ Security Code _____ Zip Code _____

Payment, enrollment and refund policies:
 Make checks payable to Coral Oaks Tennis & Wellness. No refunds will be issued after registration is accepted.
 Once you have been accepted into a session you may not switch or exchange your session dates.

Liability Disclaimer: in consideration of COTW allowing my child's/children's participation in the camp, I find myself and my child/children release COTW and it's parents and affiliated officers, directors, agents and employees from and waive all claims, damages and liabilities whatsoever for property damage loss, personal injury or death arising from or in connection with my child/ children's participation in the camp. COTW retains all rights to any video and photographs taken during the camp to be use for publicity or advertising.

Parent's signature: _____ Date: _____