2009 APPLICATION
ALL-CITY/METRO JUNIOR TENNIS CAMP

To register, return the attached application together with your deposit of $200 per week to the appropriate facility as indicated below. All balances are due and payable two weeks before the start of your program. Past due balances will be assessed a late fee of 1% per month. Any reservations cancelled more than two weeks before the start of your program will receive a full refund less a $25 administrative fee or a full credit towards future sessions. Any late cancellations will receive only a credit toward future sessions in the same year.

Camper's Name

Sex | Birthdate

Age | Ranking (if applicable)

Home Address | Apt #

City | State | Zip

Telephone (home) | (b-Father) | (b-Mother)

Person to receive bills | Email Address

Billing Address | Apt #

City | State | Zip

How did you find out about our program?

Register for the Weeks of

❑ June 15 ❑ June 22 ❑ June 29 ❑ July 6 ❑ July 13 ❑ July 20
❑ July 27 ❑ Aug 3 ❑ Aug 10 ❑ Aug 17 ❑ Aug 24 ❑ Aug 31

Transportation Information

Pick-Up Address

Cross Street Side of Street

Drop-off Address

FOR OFFICE USE

Amt. Paid $ _____

Date Paid _____

CS # _____

I understand that the total cost of the program including transportation is $ _____ for _____ weeks of camp and agree to pay the balance on the first day of the program. I understand that there is a late charge of 1% per month on the late balance and agree to pay as an extra charge any collection costs if I am delinquent.

Date Signature

Cost of Tuition _____

Cost of Transportation _____
Encl. deposit for _____

weeks @$200 per week _____

Checks payable to: ***All-City/Metro Junior Tennis Camp***
c/o R.I.R.C.
281 Main Street
Roosevelt Island, NY 10044

❑ I prefer to pay by check. Enclosed is a non-refundable deposit of $200
I agree to pay the balance on the first day of the camp week.
I authorize you to charge to my credit card any balance due if I have not paid on the first day of camp. Note: Any collection costs and/or fees incurred by the center will be the responsibility of the delinquent person and will be added to their charge.

Type of Credit Card

❑ Amex ❑ VISA ❑ MASTERCARD

Please fill in your card number below, together with expiration date and signature.

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☐☐ – ☐☐ – ☐☐

Expiration Date

Authorized Signature _____