# Ace Tennis Academy

Tennis Registration Form

Participants Name: _____ _____ Age_____
First Last

Home Phone # _____ Work Phone#_____ Cell_____
E-mail _____
If under 16 years of age
Mother: _____ _____ Work phone: _____Cell_____

Father: _____ _____ Work phone: _____Cell_____

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| Location | Class, Camp, or Program | Date of program | times |
|---|---|---|---|
| 1._____ | _____ | _____ | ____-____ |
| 2._____ | _____ | _____ | ____-____ |
| 3._____ | _____ | _____ | ____-____ |

Paid by:
Visa #_____ _____ _____ _____ Exp.__ __
MasterCard #_____ _____ _____ _____ Exp.__ __

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