



# Junior Program Registration Form

Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Mark Program:**     CTA 1     CTA 2     CTA 3     AHT     JHB  
 10/under green     10/under orange     8/under red

**Price Options:**     Member     Non-member  
 Summer     25 classes     15 classes

**Payment Method:**     Cash     Check     Club Account     Credit Card

For Non-Member Use	
Program Cost: _____	Cash: _____    Check #: _____
Credit Card: (circle)	<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> American Express <input type="radio"/> Discover
Date: _____	
I authorize Copperfield Racquet & Health Club to charge monthly program or class fees. The amount of _____ will be charged at the beginning of _____	
Credit Card # _____	Exp _____    Authorized Signature: _____