



Junior Program Registration Form - Fall 2017

Date: _____

Player Name: _____ Age: _____

Parent(s) Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email: _____

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

- Price Options:** Member Non-member
- Monthly 8 classes

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

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