

Enrollment Form



Please complete and return form with checks payable to:

The Dominion Tennis Centre

Three Dominion Drive

San Antonio, TX 78257

Phone: 210-698-2288

Fax: 210-698-4367

A signed form for each participant is required. Please make copies or call for additional forms as needed.

Participants Name: _____

Girl Boy Age: _____ DOB: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Parent's Name: _____

Cell Phones: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Members Name: _____ Member Number: _____

Visa/MC/Amex#: _____

Exp. Date: _____ Security Code: _____

Form of Payment (check box): **Member Account** **Check** **Credit Card** **Cash**

Please circle the Program(s) and Session(s) desired:

<u>Program</u>	<u>Session</u>	<u>Cost</u>	<u>Pre Care</u>	<u>Post Care</u>
Mighty Muscles	1 2 3 4 5 6 7 8 9 10 11	\$195/\$235	<input type="checkbox"/>	<input type="checkbox"/>
Action Adventure	1 2 3 4 5 6 7 8 9 10 11	\$195/\$235	<input type="checkbox"/>	<input type="checkbox"/>
Wimbledon	1 2 3 4 5 6 7 8 9 10 11	\$150/\$175	<input type="checkbox"/>	<input type="checkbox"/>
Wimbledon +	1 2 3 4 5 6 7 8 9 10 11	\$195/\$235	<input type="checkbox"/>	<input type="checkbox"/>
Golf & Tennis	1 2 3 4 5 6 7 8 9 10 11	\$195/\$235	<input type="checkbox"/>	<input type="checkbox"/>
Junior Golf School	4 7 11		(Circle Days Below for Pre/Post Care)	
			T, W, Th, F T, W, Th, F	

**Unregistered campers will be required to pay an additional \$25 walk-in fee.*

PARENT AUTHORIZATION: The Dominion cannot be held responsible for an illness or accident occurring either at or away from The Dominion. If an accident or illness should occur during the Summer Sports Program, the Dominion has your permission to obtain emergency medical care by qualified medical personnel for your child(ren).

Parent's Signature: _____ Date _____