

Kinyon/Jones Tennis Camp '10

Name _____

Address _____

City _____

State _____ Zip _____

Date of Birth _____ Age at Camp _____ M ___ F ___

Phone H (_____) _____

Phone W (_____) _____

Cell Phone (_____) _____

E-Mail below (a confirmation will be sent upon receipt of application)

Dates Requested: _____

_____ Non-boarding Camper _____ Boarding Camper

Roommate Request(s): _____

Level of Play: Novice _____ Int. _____ Adv. _____

T-shirt size (adult): S M L XL

Amount Enclosed: _____

I understand that neither Kinyon/Jones Tennis Camp nor anyone associated with the camp is responsible for accidents and/or medical and dental expenses incurred as a result of participation in the camp program. The applicant is in good health and able to participate in the activities of the camp.

Signature of Parent or Adult Applicant

Please make checks payable and mail to:
Kinyon/Jones Tennis Camp
24 College Hill
Hanover, NH 03755
Phone (603) 646-0751

-----DO NOT WRITE BELOW THIS LINE-----

Office Use Only

Date Rec.	Deposit	Balance	Total Paid