

# KJTC '12

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 \_\_\_\_\_

Please make checks payable and mail to:

KJTC  
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