

Connecticut Tennis Camp Application

Camper's First Name _____ Last Name _____

Address _____

Camper's Email Address _____

Date of Birth _____ Gender _____ Grade Entering (Fall) _____

Experience Level:

Beginner Intermediate Advanced Tournament Training

Team Name or Tennis Club _____

Camp Location **FAIRFIELD UNIVERSITY** Camp Start Date _____

Overnight Extended Day Day

Roommate Request 1 _____

Roommate Request 2 _____

Billing / Parent Information

First Name _____ Billing Last Name _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Parent's Email Address _____

(Confirmation comes from CTTennisCamp@gmail.com)

Home Phone Number _____ Primary Cell Phone _____

What are the primary sports played by the youths in your family? _____

Payment Information: A \$35 registration fee is due with your application. Final balances are due by June 1st. If you register after June 1st, full payment is due with your application.

Full Payment Deposit (\$250)

Visa Mastercard

Credit Card # _____ EXP _____

Check # _____ Amount \$ _____ (Payment + \$35 Registration Fee) Coupon Code _____

On June 1st we will automatically bill your credit card the remaining balance. If you would like to opt out of the auto bill please check this box

I accept the condition described online and in the brochure.

Parent's Signature _____

A deposit of \$250 + \$35 registration fee is due with your application. Final balances are due by June 1st. If you register after June 1st, full payment is due with your application.

Cancellation Policy: A camp credit will be issued to any camper who must cancel prior to camp. The credit is transferable to another family member and is good through the following season. If you cancel within 5 days of the start of camp, you will receive a camp credit minus \$100. Cash refunds are not offered.