



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# TENNIS CAMPS

## YOUTH INFORMATION

First Name	Last Name	Level	Beg.	Int.	Gender M F	Birthdate	Age
Home Address		City	State		Zipcode	Carseat? Y N	

## PROGRAM

Morning	6/27-6/30	9:00-11:30	\$80/member	\$100/Nonmember	
	7/5-7/7	9:00-11:30	\$60/member	\$80/Nonmember	
	7/18-7/21	9:00-11:30	\$80/member	\$100/Nonmember	
	7/25-7/28	9:00-11:30	\$80/Member	\$100/Nonmember	
	8/1-8/4	9:00-11:30	\$80/Member	\$100/Nonmember	
	8/8-8/11	9:00-11:30	\$80/Member	\$100/Nonmember	
	8/15-8/18	9:00-11:30	\$80/Member	100/Nonmember	
<b>Total</b>					
Full Day	7/11-7/15	9:00-4:00	\$170/Member	\$190/Nonmember	
	8/22-8/26	9:00-4:00	\$170/Member	\$190/Nonmember	

## PARENT OR GUARDIAN

First Name	Last Name	Email Address			
Home Address (if different than child)		City	State	Zipcode	
Home Number	Cell Number	Work Number		Does child live with you?	
Employer		Work Hours		Birthdate	

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## EUGENE FAMILY YMCA

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