

Program Registration Form

Member/NonMember #: _____

Last Name	First Name(s)	Assoc.#	Birthday:
			Birthday:
			Birthday:

Address: _____ City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (cell) _____ Parents: _____

Email: _____ (Required for West Michigan Tennis Academy)

Assoc.#	Program Name	Code	Session	Day/Time	Fee
Total:					

Payment (circle one): Cash Check Credit Card House Charge (members only)

Credit Card #: _____ Exp. Date: _____ / _____

Cardholder Name: _____	Staff Name: _____
	Date Processed: _____