

STAMFORD INDOOR TENNIS CLUB

REGISTRATION FROM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ADDITIONAL PHONE: _____

E-MAIL ADDRESS: _____

RETURNING PLAYER TO SITC: _____ NEW TO SITC: _____ FORMER CLUB: _____

PROGRAM: ADULT CLINIC _____ JUNIOR PROGRAM _____ SUMMER TRAINING: _____

DAY(S): _____ TIME(S): _____ PRO: _____

LEVEL: _____

TOTAL PROGRAM COST: _____

DEPOSIT AMT: _____ DATE: _____ CREDIT: _____ CHK#: _____

BALANCE OWED: _____

HOW WILL BALANCE BE PAID: (circle one)

CASH

CHECK

CREDIT

EFT

- If you are not paying by EFT (Electronic Funds Transfer), clinics must be paid in full before program begins.
- Applications cannot be accepted unless paid in full or setup with EFT
- Please request an EFT Application if we do not already have your information on file.

SIGNATURE: _____