



ENROLMENT FORM

Student's NAMES: SURNAME:

ADDRESS:.....

Previous CLUB /ASSOCIATION:

Gender: Male/ Female DOB: Phone NUMBER (Hm):

MOBIL No:EMAIL:

EMERGENCY Phone Number: EMERGENCY CONTACT PERSON:

SPECIAL HEALTH CONDITION which we have to be aware of during lessons/ competition:

SUBSCRIPTIONS and FEES (JUNIORS):

- A. SATURDAYS Classes (8 prepaid lessons): \$ 130 (members)/ \$150 (non-members)/\$115 (siblings):
- B. WED/ THUR Classes (8 prepaid lessons): \$ 130 (members)/ \$150 (non-members)/\$115 (siblings):
- C. MONDAYS- SQUAD training (8 lessons): \$ 130 (members)/ \$150 (non-members) /\$115 (siblings):

Due date: Before the first lesson of each Pre-paid set purchased. Late payment fee: \$20. Casual rate: \$25/lesson

NOTE: JUNIORS Club Membership: **\$40/** membership year (**Paid** to The **CLUB**, not to MAGIC Tennis)

Membership-Register Online: <https://clubspark.kiwi/MarlboroughparkTennisClub/Membership/Join>

D. Tennis CAMP (\$...../ Entry):

TOTAL PAID (online):.....

I've read and I agree with all the **MAGIC Tennis's** Terms and Conditions of service (**YES / NO**) (PLEASE Circle)

<https://www.magictennis.co.nz/terms-conditions>

*I give the permission to the organizers of the services subscribed to use my name, video or photos which might be taken during the tennis activities, for advertising and promoting this event: **YES /NO** (PLEASE Circle)*

NAME and SIGNATURE of the parent/ guardian:

DATE:

Additional comments/requirements:

Amount enclosed : \$..... Paid by: Internet banking

Account name: **Gabriel Giurgiu** Account: **02-0100-0356565-097**

NOTE: Please email the Entry Form to the address: magictennisnz@gmail.com

For any questions, call: Gabriel la 021-175 75 86 