

# 2010 Town of Palm Beach Tennis



## Adult Registration Form (Please fill out one per player)

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

### Adult Programs

Power Hour	Cardio Tennis	Men's Night	Learn to Play	Ladies League
Inter (6 pm Mon) _____	Mon 8-9 am _____	Thurs 6 pm _____	Tues 6 pm _____	Thurs 8:30 am _____
Adv Beg (7 pm Mon) _____	Sat 8-9 am _____			
Inter (6 pm Wed) _____				
Adv Beg (7 pm Wed) _____				
Adv Beg (10 am Sat) _____				

Amt Enclosed: \_\_\_\_\_

### Program Cycles

\_\_\_ Cycle I: Aug 17 – Sept 25

\_\_\_ Cycle II: Sept 28 – Nov 6

\_\_\_ Cycle III: Nov 9 – Dec 18

\_\_\_ Cycle IV: Jan 4 – Feb 12

\_\_\_ Cycle V: Feb 15 – Apr 9

\_\_\_ Cycle VI: Apr 12 – May 21

Please forward registration forms and make checks out to:  
**TOWN OF PALM BEACH TENNIS P.O. Box 2909 Palm Beach, FL 33480**  
Seaview Tennis Hotline 561-838-5404  
Check us out @ [www.palmbeachtennis.us](http://www.palmbeachtennis.us)

*I agree that the instructional program runs for 6 weeks and that NETRESULTS cannot guarantee make ups for missed classes. I hereby waive, release, absolve, indemnify and agree to hold harmless NETRESULTS, their directors, instructors, staff and volunteers from any claim arising out of injury to my child or myself. I also consent to allow medical treatment in case of emergency*

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_