



**Roadrunners Tennis Camp
REGISTRATION FORM
TOWN OF ST. STEPHEN**

Name: _____ M _____ F _____

Age: _____ Date of Birth _____
Day month year

Parent/guardian: _____

Phone: _____ Emergency contact _____

Address:

Email Address: _____

Medicare # _____ exp date: _____

Allergies/medical
Conditions: _____

Ages 6 - 9 \$45
Ages 10 - 13 \$50

Paid _____

Cash _____ Cheque _____ Cheque # _____

T-shirt size _____