



Cambourne Tennis Club

Tennis Coaching Programme

Enrolment Form

<p>NAME:</p> <p>ADDRESS:</p> <p>.....</p> <p>.....</p> <p>Age:</p> <p>Email:</p> <p>Tel: (H)(Mob)</p> <p>Emergency Contact Name & Tel.</p> <p>.....</p> <p>Any medical conditions (e.g. Epilepsy, asthma etc.)</p> <p>.....</p>
<p>COURSE:</p> <p>Member / Non member (please delete as appropriate)</p> <p>I enclose cheque, made payable to 'Samy Fennich' for £.....</p> <p>... / Cash</p> <p>Signed :</p> <p>Date :</p>