



Cambourne Tennis Club

2006 Tennis Coaching Programme

Enrolment Form

NAME:

ADDRESS:

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Age:

Email:

Tel: (H)(Mob)

Emergency Contact Name & Tel.

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Any medical conditions (e.g. Epilepsy, asthma etc.)

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COURSE:

Member / Non member (please delete as appropriate)

I enclose cheque, made payable to 'Samy Fennich' for £.....

/ Cash

Signed :

Date :