

# Junior coaching registration form 2011/2012

**First Name** : .....  
**Surname** : .....  
**Date of Birth** : ...../...../..... (d/m/y)  
**Address** : .....  
 .....  
**Mobile Phone** : .....  
**Email** : .....

**Video and photo** may be used during the coaching to analyze your child's performance. Please tick this box if you **DO NOT** agree to this.

CLASS SCHEDULE		
Group	Times per week (pls tick box)	Coaching day preferred (pls tick box)
Mini red 4-5.30pm	1x <input type="checkbox"/> - 2x <input type="checkbox"/> - 3x <input type="checkbox"/>	Mon <input type="checkbox"/> -Tue <input type="checkbox"/> -Wed <input type="checkbox"/> -Thu <input type="checkbox"/> -Sat <input type="checkbox"/>
Midi green 5-6.30pm	1x <input type="checkbox"/> - 2x <input type="checkbox"/> - 3x <input type="checkbox"/>	Mon <input type="checkbox"/> -Tue <input type="checkbox"/> -Wed <input type="checkbox"/> -Thu <input type="checkbox"/> -Sat <input type="checkbox"/>
Yellow 5.30-7pm	1x <input type="checkbox"/> - 2x <input type="checkbox"/> - 3x <input type="checkbox"/>	Mon <input type="checkbox"/> -Tue <input type="checkbox"/> -Wed <input type="checkbox"/> -Thu <input type="checkbox"/> -Sat <input type="checkbox"/>
Orange 6.30-8pm	1x <input type="checkbox"/> - 2x <input type="checkbox"/> - 3x <input type="checkbox"/>	Tue <input type="checkbox"/> -Wed <input type="checkbox"/> -Thu <input type="checkbox"/> -Sat <input type="checkbox"/>

Please note that while we try to facilitate you as much as possible, we cannot guarantee a place in your preferred group.

PRICING			
Group	1xp/wk	2xp/wk	3xp/wk
Mon to Thurs	€65,=	€120,=	€170,=
Chimpy tennis	€35,=		

Payment Method :Cash  Cheque  Please make cheques payable to Norman van Geerke

Amount : € .....

I confirm

- That \_\_\_\_\_ (Name of child) is a current Junior/Family member of Mullingar Tennis & Badminton Club. (Membership Number \_\_\_\_\_)
- That I am aware that Mullingar Tennis & Badminton Club implements a Code of Conduct for Children/Young People in accordance with Tennis Ireland guidelines. (This may be viewed on our website and printed copies are available on request)

Signature : ..... (Parent/Guardian) Date : .....

Name (please print) : ..... (Parent/Guardian)

Please print the form and bring it to the registration day on Saturday Sept 10 between 10.00-12.00