

Rockcliffe Lawn Tennis Club
SEPTEMBER AFTER-SCHOOL TENNIS CLINICS 2009
REGISTRATION FORM

Monday, September 7, 14, 21, 28

4:15 p.m. – 6:15 p.m.

COST: \$25 plus G.S.T. for each daily session (\$26.25)

TOTAL: \$100 plus G.S.T. for all four sessions (\$105.00)

Tuesday, September 8, 15, 22, 29

4:15 p.m. – 6:15 p.m.

COST: \$25 plus G.S.T. for each daily session (\$26.25)

TOTAL: \$100 plus G.S.T. for all four sessions (\$105.00)

Wednesday, September 9, 16, 23, 30

4:15 p.m. – 6:15 p.m.

COST: \$25 plus G.S.T. for each daily session (\$26.25)

TOTAL: \$100 plus G.S.T. for all four sessions (\$105.00)

Thursday, September 10, 17, 24, October 1

4:15 p.m. – 6:15 p.m.

COST: \$25 plus G.S.T. for each session (\$26.25)

TOTAL: \$100 plus G.S.T. for all four sessions (\$105.00)

Friday, September 11, 18, 25, October 2

4:15 p.m. – 6:15 p.m.

COST: \$25 plus G.S.T. for each session (\$26.25)

TOTAL: \$100 plus G.S.T. for all four sessions (\$105.00)

NAME

AGE

TELEPHONE NUMBER

Please make cheque payable to the Rockcliffe Lawn Tennis Club.

Thank you for participating!!!