

Scary Tennis Cup Registration Form

To register, please complete this form and do one of the following:

- PayPal
- turn in to Coach Desmond McLennon or Melissa Anthony by 10/12/10
- mail check and form by 10/12/10 to:
Tennis Kids and Teens, Inc.
Attn: Melissa Anthony
255 Berry Glen Court
Johns Creek, GA 30022

Registration fee: \$35.00

Please make your check or money order payable to: Tennis for CURE

Name _____ Gender _____

Address _____

Partner Name _____ (partner will need to fill out a registration form)

or check here if you would like to be assigned a partner :

Please indicate estimated ALTA Level:

High A Mid A Low A High B Mid B Low B High C Mid C Low C

Office/Cell: _____ Email Address _____

In case of emergency (name and phone) _____

T-shirt size S M L XL XXL

Phantom Player Name and Address: I won't be playing, but I'd like to support the fundraiser –

The undersigned hereby releases and holds harmless Tennis Pros of Atlanta, Tennis Kids and Teens, Inc., CURE Childhood Cancer and Racquet Club of the South and their respective affiliates from and against any and all loss, illness, injury or accident in any activity associated with or conducted by Tennis Pros of Atlanta, Tennis Kids and Teens, Inc., CURE Childhood Cancer and Racquet Club of the South.

Participant Signature _____