



Kids Easter Holiday Tennis

Please return the application form with payment to 30 Royal Avenue, Sandringham 3191.

- > Player: _____ Date of birth: _____
- > Address: _____
- > Phone: H - _____ W - _____ M - _____
- > Email: _____ Parent's name: _____
- > Player experience: _____
- > I am enrolling with _____

Week 1: 9am - 12noon Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ 5days

- > Super Clinic or Round Robin 5 days \$240 or daily sessions \$60

Week 2: 9am - 12noon Mon ☐ Tues ☐ Wed ☐ Thu ☐ 4 days

- > Super Clinic or Round Robin 4 days - \$195 or daily sessions \$60



- > ☐ Cash or ☐ Cheque - payable to McKimm Tennis
- > ☐ Bank Transfer - BSB - 063 145 - Acc no. - 1025 8046
- > ☐ Credit Card - Mastercard or Visa - + 2% surcharge

- > Total amount - _____
- > Number - _____
- > Expiry date - _____ CCV - _____

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