

**King's Grant Racquet Club
ADULT SIGN-UP FORM
MONDAY EVENING CLINIC**

JUNE 2008

__ June 2 __ June 9 __ June 16 __ June 23 __ June 30

JULY 2008

__ July 7 __ July 14 __ July 21 __ July 28

AUGUST 2008

__ Aug. 1 __ Aug. 4 __ Aug. 12 __ Aug. 18 __ Aug. 25

SEPTEMBER – 2008

__ Sept. 1 __ Sept. 8 __ Sept. 15 __ Sept. 22

Name: _____

Program: _____ **Amount Paid** _____

Phone # _____

Address: _____

E-mail Address _____

CHARGE THE FEE

Name: _____

Address: _____

Mastercard __ Or Visa __ Card # _____

Expiration Date: Month _____ **Year** _____