

Yes, I'd like to sign-up!

NAME(S):

ADDRESS:

.....

.....

TEL. NO: MOBILE:.....

D.O.B.:(if under 16) Male / Female (please circle)

E-mail:(required for regular updates)

Parent/Guardian's name:(if under 16yrs)

Health Concerns we should be aware of:.....

How did you hear about us?

School.....(if under 16yrs)

TOTAL FEES ENCLOSED - £

(Please place the fees in an envelope. Write name/ sessions you're paying for on back of cheque.)

For additional information please contact -

07843 38 43 46

Or visit our website

www.bensaunderstennis.co.uk

Please send to:

Ben Saunders Tennis, 28A Myers Rd West,

Crosby,

L23 0RU