

**Benicia Middle School
After School Junior Tennis Program
2024 Player Registration Form**

Participant Information

Last Name _____ First Name _____

Grade _____ Age _____

Skill level (circle): Beginner Intermediate Advanced

Parent Contact Information

Name _____

Phone (_____) _____ - _____ Cell (_____) _____ - _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

(preferred method of communication)

Emergency Contact _____ Phone (_____) _____ - _____

Child's Medical Information

Doctor's Name _____ Phone (_____) _____ - _____

Health Care Plan and Number _____

Know allergies and/or health concerns _____

Cost: \$240

Days: Wednesdays 3:30pm - 5pm *and* Fridays 1pm-3pm

Dates: September 11 – November 1, 2024

10% discount for siblings. **Please make checks payable to BCTA (Benicia Community Tennis Association) or pay via Paypal on our website, www.beniciatennis.com.** Mail completed form with registration fee to:

Benicia Community Tennis Association
PO Box 1651 Benicia, CA 94510