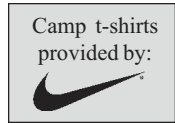


2008 Carolina Tennis School Application Form



Mail to:
Carolina Tennis School
510 Meadowmont Village Circle
Box 301
Chapel Hill, NC 27517-7584
Phone: 919-929-7000
info@carolinatennisschool.com

Please Print

Name: _____

(what you want to be called at camp)

Address: _____

City/State/Zip _____

School Currently Attending: _____

E-mail Address for Camp Correspondence: _____

Home Phone (parental contact): () _____

Work or Cellular Phone: () _____

Age at Camp _____ Sex (M) _____ (F) _____

Please indicate 1st and 2nd choice for 2008 camp dates below
Campers may opt to attend more than one session if space is available

Regular Sessions

Tournament Sessions

June 10-14 _____

June 15-19 _____

June 22-26 _____

June 27-July 1 _____

July 6-10 _____

July 13-17 _____

Brief Tennis History: _____

How did you hear about our camp? _____

Camp Fees: Overnight: \$650.00 _____ Day: \$370.00 _____

Payment in full is required with your application. In case of medical withdrawal from the camp, \$395/\$180 is refundable.

Make check payable to: **Carolina Tennis School**

Roommate/Suitemate preference:

Adult T-Shirt Size (Circle one) S M L XL

Follow-up information will be sent via e-mail

If you do not receive an email within three weeks of mailing in your application, please contact us at info@carolinatennisschool.com