

TEAR OUT HERE

USCTDP, INC. 2009 – 2010 FALL/WINTER TENNIS REGISTRATION FORM**REGISTRATION DEADLINES: ONE WEEK PRIOR TO SESSION START DATES**

NAME: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____ EMAIL: _____

HOME: (____) _____ WORK: (____) _____ CELL: (____) _____ FAX: (____) _____

REGISTERING FOR: JUNIOR SESSION(S): II _____ III _____ IV _____ B _____ C _____ LEVEL OF PLAY _____

REGISTERING FOR: ADULT SESSION(S): II _____ III _____ IV _____ LEVEL OF PLAY _____

REGISTERING FOR: CARDIO TENNIS SESSION(S): II _____ III _____ IV _____ LEVEL OF PLAY _____

REGISTERING FOR: TINY TOTS SESSION(S): II _____ III _____ IV _____ LEVEL OF PLAY _____

USCTDP "TRAIN HARD MERCHANDISE": ITEM # _____ YOUTH SIZE _____ ADULT SIZE _____ TOTAL FEE _____

DAY & TIME _____ DAY & TIME _____ DAY & TIME _____ DAY & TIME _____ TOTAL FEES ENCLOSED \$ _____

METHOD OF PAYMENT: CHECK ENCLOSED (PAYABLE TO USCTDP, INC.): _____ VISA: _____ MASTER CARD: _____ AMERICAN EXPRESS _____ DISCOVER _____

ACCOUNT NUMBER: _____ EXPIRATION DATE: _____

PRINT NAME ON CARD: _____ SIGNATURE: _____ (REQUIRED FOR CHARGE ORDERS)

MAIL COMPLETED FORM TO: USCTDP, INC., 1807 TILTON DRIVE, P.G.H., PA 15241
PLEASE USE OUR WEBSITE AND REGISTER ONLINE AT: www.usctdp.com OR EMAIL US AT tennis@usctdp.com DIRECT QUESTIONS TO (412) 257-2998**RECREATION REGISTRATION FORM • FALL/WINTER 2009 - 2010**Complete this form and send with the appropriate payment to the Recreation Department, Township of Upper St. Clair, 1820 McLaughlin Run Road, Upper St. Clair, PA 15241 **OR** deliver to the Recreation office at the Community Recreation Center located at 1551 Mayview Road. Please make checks payable to USC RECREATION.

Family's Last Name _____ Address _____

E-mail Address: _____ Home Phone _____ Mobile Phone _____

First Name of Participant	Program	Day	Time	Age/Grade	D.O.B.	Fee (enclosed)

NOTE: All mail-in registrations will be opened at the close of each working day received.

To the best of my knowledge, my child is of normal health - having no allergies, physical defects, or illnesses that would require him/her to abstain from a normal program of physical activity.

Photo Release: By registering for any USC Recreation program, class, or event, you are agreeing to allow the publication of any photos taken of you and/or your child(ren) at any program, class, event, or facility of the USC Recreation Department._____
Signature of Parent/Guardian**BASKETBALL REGISTRATION FORM • FALL/WINTER 2009 - 2010** GIRLS BOYS

Participant's Name _____ Phone: (____) _____

Address: _____ Zip Code: _____ Mobile: (____) _____

Grade: _____ School: _____

Parent's Name: _____ E-mail: _____

Parent interested in coaching? _____ Fee Enclosed: _____

★ PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH PLAYER. ★

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