

2009 TENNIS SUMMER CAMP

We are very excited to have your child attend this year's **Tennis Summer Camp** at the **Dr. Phillips High school**.

Week:.....

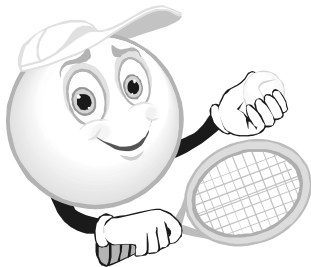
The cost is **\$170** for the week. Please make sure to fill out the attached registration form and submit with the check before the beginning of the camp.

Be reminded that the camp **starts at 8:45am** and **ends at 12pm**. Players should be dressed in proper tennis attire (shorts with pockets, tennis shoes & socks).

We suggest that your child brings:

- ⇒ A healthy lunch (no sugary snacks, fruits, nuts, pretzels and the like are preferred)
- ⇒ A cap or visor
- ⇒ Sunglasses
- ⇒ **SUNSCREEN**
- ⇒ Their own **tennis racket**

Be sure to have your child's name marked on the items.



For more information feel free to contact:

Hans Kopp

Email: Hans.Kopp@Kopp-Tennis.com

Phone: 321-947-0962

Website: www.kopp-tennis.com

Kopp Intl. Tennis Management, LLC reserves the right to cancel this program due to insufficient enrollment with full refund if necessary. We do not do reminder calls. It is your responsibility to make note of the date(s) & time(s); we will contact you if there is a change in the program. Please return completed registration form to Kopp Intl. Tennis Management, LLC prior to the deadline.

Experience the Best



www.Kopp-Tennis.com

2009 TENNIS SUMMER CAMP

REGISTRATION FORM

Name: _____ Age: _____

Gender: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Birth date: _____

Email Address:

Person to contact in emergency: _____

Person authorized to pick up: _____

By signing below, the parent or guardian understands and agrees that Kopp Intl. Tennis Management, LLC assumes NO RESPONSIBILITY for sickness, death, injuries, property loss or damage incurred through participation or while traveling to or from the above program. As a participant in this program, I agree to assume all risks of any injury to the person whose name appears on the above registration. By signing, I indicate that I understand the risks in this activity and understand that Kopp Intl. Tennis Management, LLC their volunteers, representatives, and employees assume no responsibility of safety to me or my property and make no representation, expressed or implied, regardless the adequacy of safety of this program. I also grant permission to all of the forgoing to use photographs, motion pictures, recordings or record of this event for legitimate purpose.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print) _____

Please fill out and mail back with check (payable to KOPP TENNIS) to:

**Kopp Intl. Tennis Management, LLC
13015 Plantation Park Circle 1027
Orlando, FL, 32821**

Office Use Only: Check / Cash

Amount: _____ Date: _____ Receipt #: _____

Experience the Best



www.Kopp-Tennis.com