

Lindenlea Tennis Camp Registration Form

Participant

First Name	Surname	Date of Birth & Age
Address	City	Postal Code
Phone	Email	
Parent(s)	Phone (H)	Phone (W)
Emergency Contact	Phone (H)	Phone (W)
Health Concerns		

Program

	Activity (ies) Program / Workshop	Date(s) Session	Cost
1			
2			
3			
Total			



July 2009

M	T	W	T	F
29	30	1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2009

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21

Registration Information

MAIL TO (if 6 yrs +)

OR



LINDENLEA COMMUNITY ASSOCIATION
15 ROCKCLIFFE WAY
OTTAWA, ONTARIO
K1M 1A9

More Info?
Call 742-5011
or go to
www.lindenlea.ca

IN PERSON Every
Tuesday Evening
6:00 – 8:30 pm

CHEQUES PAYABLE TO LINDENLEA COMMUNITY ASSOCIATION

PLEASE KEEP YOUR RECEIPTS

There is a \$10 fee for issuing a duplicate receipt

Waiver: I agree to waive any claims on the Lindenlea Community Association or any of its agents or on the City of Ottawa or any of its agents in the event of injury that may be sustained by me or my child while attending or participating in any event or activity.

Acknowledgment: Although every effort is to provide and maintain a congenial environment for your child, we reserve the right to withdraw any child from this camp (with prorated refund) if it is evident that he/she is consistently unhappy.

Signature of Parent or Guardian

Date

Office Use Only

Amount: _____ Received By: _____ Receipt No: _____