

# Atlanta International Table Tennis Academy



## Winter Break Camp Registration Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Camp Date: Camp 1 (12/26-12/29/2017), Camp 2 (01/02-01/05/2018)

Time: 9:30am-4:00pm

Price: \$160 Each Camp (beginner) \$280 Each Camp (intermediate)

I accept full responsibility for participation and relieve Atlanta International Table Tennis Academy. Coaches and practice partners of any liability resulting from injury to myself or my child or damage to my property.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent or Guardian required to sign for child under 18)