

# Atlanta International Table Tennis Academy



## Summer Camp Registration Form

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

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

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

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

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

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

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

Camp 1 : 06/04-06/08    Camp 2: 06/11-06/15    Camp 3: 06/18-06/22    Camp 4: 06/25-06/29

Time: 9:30am-4:00pm

Member Price: \$160(beginner) \$300 ( intermediate)

None Member Price: \$180 (beginner) \$320 (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)