Atlanta International Table Tennis Academy



Winter Break Camp Registration Form

First Name	Last Name
Address:	
DOB:	Gender:
Phone Number:	Email:
Camp Date: (01/02-01/04/2 Time: 9:30am-4:00pm \$150(beginner) \$210 (inter Daily Fee : \$60 (beginner) \$	
I accept full responsibility f Table Tennis Academy. Coa	for participation and relieve Atlanta International ches and practice partners of any liability self or my child or damage to my property.

Signature:		
Date:		
(Parent or C	Guardian required to sign for child und	der 18)