

Atlanta International Table Tennis Academy

7230 McGinnis Ferry Rd., suite 125 Suwanee GA 30024



Student Registration Form

First Name _____ Last Name _____

Address: _____

DOB: _____ Gender: _____

Phone Number: _____ Email: _____

Private Lesson () Group Lesson ()

Group Lesson Schedule

Monday 5:00pm-6:00pm () Wednesday 5:00pm-6:00pm () Friday 5:00pm-6:00pm ()

Tuesday 6:30pm-7:30pm () Thursday 6:30pm-7:30pm ()

Saturday 1:00pm-2:00pm ()

Sunday 1:00pm-2:00pm () 2:00pm-3:00pm ()

If you or your kid can not come to the class on time, please notify in writing 24 hours in advance and arrange a make up class. Otherwise you or your kid will still be charging the fee. Group Lesson has no make up. 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)