



CHARMHAVEN TENNIS CENTRE

Caring for our community

STUDENT ENROLMENT FORM

Student Name: _____ D.O.B. _____

Address: _____

Phone: (Home) _____ Phone: (Mobile) _____

Phone: (Work) _____ Email: _____

Program/s Enrolled in:

(If unsure, leave blank and staff will complete with you when you return)

1. _____

2. _____

3. _____

4. _____

- By signing the below, I acknowledge that group lessons are \$100.00 per term.
- By signing below, I acknowledge that private lessons are \$40.00 per hour and \$25.00 per half hour.
- By signing below, I acknowledge that I have read and agree to the Charmhaven Tennis Centre Terms and Conditions and agree to them as outlined.
- By signing below, I agree to pay all monies due by the date reflected on the invoice for the programs I or my child who is under the age of 18 have enrolled in.

Student Signature / Parent Guardians Signature _____

Printed Name : _____ **Date :** _____