

# THE TENNIS ACADEMY

at Bucks County Racquet Club, Inc.

## CLASS REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DAY: \_\_\_\_\_ LEVEL: \_\_\_\_\_ TIME: \_\_\_\_\_

(Juniors only) Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(If you have not participated in our Tennis Program before, you may be evaluated by one of our pros and placed at the appropriate playing level.)*

***Mail to: BCRC, Inc., P.O. Box 515, Washington Crossing, PA 18977  
or leave at Front Desk***

### STAFF USE ONLY :

*FULL PAYMENT DUE WITH REGISTRATION FORM*

BALANCE DUE: \_\_\_\_\_

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

### Mode/Payment:

Credit

Check#

Cash:

215-493-5666 ▲ fax:215-493-4096 ▲ e-mail: [bcrc3@comcast.net](mailto:bcrc3@comcast.net) ▲ [www.buckscountracquetclub.com](http://www.buckscountracquetclub.com)