

Registration Form – 2008 Tennis Camp

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (day) _____ (evening) _____

E-mail address _____ Date of Birth _____

Registraion: \$120.00 Register a sibling at pay \$105.00

(Please check one):

- Individual at \$110.00
- Sibling Discount: \$105.00 Name of sibling(s) _____

Payment Method (*Payment in full is requested when registering.*)

Check # _____ enclosed (*Please make checks payable to Springfield College.*)

Charge my credit card (please check one)

- Visa
- MasterCard
- Discover
- American Express

Credit Card Registrations may be returned via fax 413-748-3534

Card Number _____

Expiration Date _____

Print Name as it appears on card _____

Signature of Cardholder _____

Address of cardholder if different than above _____