

Registration form for all Buford City Tennis classes and events held at Buford City Park

Name _____

Required jr. information-

- **Parent's name(s)** _____
- **DOB** _____
- **School attending** _____
- **Emergency name and numbers** _____
- _____

Please indicate physical disabilities, eg. Diabetes, seizures, allergies or other information instructor should know _____

Tennis experience (ALTA , USTA or tournament experience)

Phone #'s

Home _____ (Cell) _____

e-mail address _____

Requesting:

Session _____

Class _____ or Event _____

Fees included \$ _____

(please make checks payable to: Buford Park and Rec.)

The City of Buford may post my/my child's tennis pictures on the website yes or no

**** You must register online for USTA sanctioned events www.usta.com**