

ADULT LESSON REGISTRATION FORM

NAME _____

TELEPHONE _____

E-MAIL _____

CLINIC NAME _____

SESSION NUMBER _____

COST \$ _____

CLINIC NAME _____

SESSION NUMBER _____

COST \$ _____

PLEASE MAKE CHEQUES PAYABLE TO: ADAM BARANOWSKI

**REGISTRATION FORMS AND PAYMENT CAN BE DROPPED OFF AT THE
KEW GARDENS TENNIS CLUB OR MAILED TO:**

**ADAM BARANOWSKI
76 GLEN MANOR DR
TORONTO, ON
M4E-2X2**