

**Application Form**

Name :- .....

Address :- .....

.....

.....

Phone Number :- .....

Date of Birth :- ...../ ...../ .....

Medical Conditions if any :- .....

.....

Camp Number      1    2    3    4  
Please Circle

I hereby give permission for my son /  
Daughter to attend the above tennis course. I  
enclose a cheque for £..... Payable to  
John Walsh.

**John Walsh Tennis Camps**

Camp 1. 28<sup>th</sup> July - 1<sup>st</sup> August    Hartford T.C.

Camp 2. 4<sup>th</sup> - 8<sup>th</sup> August            Hartford T.C.

Camp 3. 11<sup>th</sup> - 15<sup>th</sup> August        Hartford T.C.

Camp 4. 18<sup>th</sup> - 22<sup>nd</sup> August        Hartford T.C.

**10.00am - 3.30pm**

**£65.00      Members**

**£70.00      Non Members**

Please bring a packed lunch

Early applications are essential to avoid  
disappointment as numbers will be  
strictly limited.