



The Washington Tennis & Education Foundation 2017 Fall Tennis Clinics 10 & Under Registration Form

WTEF is offering a brand new junior tennis program at our Northwest Campus this Fall with a revamped 8-week schedule with programs that include: 10 & Under Clinics, Elite Group, and our Competitive (High School and Tournament) Groups. All programs will be overseen and coached by Vince Pulupa, a Washington, DC native, who has been coaching junior players in the Mid-Atlantic region for more than 10 years. His players have gone on to Stanford University, the University of Virginia, the University of Florida, Harvard, Princeton and Yale, and many more.

Programs will begin on Tuesday, September 5th and continue through Sunday, October 29th. Coach Pulupa and his staff bring effective and knowledgeable skills that will push each player to their physical and mental limits, and gaining skills to help you improve as a junior tennis player both on and off the court.

We look forward to adding YOU to our next crop of junior players making a difference!

Location: Rock Creek Tennis Center
16th & Kennedy Streets, NW
Washington DC 20011.

Weeks: 8 Weeks Beginning Sept. 5, 2017 through to Oct. 29, 2017.

Days/Hours: Red/Orange/Green Dots: Mondays, 5 to 6:15 p.m.
Red/Orange/Green Dots: Wednesdays, 5 to 6:15 p.m.
Red/Orange/Green Dots: Fridays, 5 to 6:15 p.m.
Red/Orange/Green Dots: Saturday 11 a.m. to 12:15 p.m.

Fee: \$200 for 1 day selected for 8 weeks; \$300 for 2 days selected for 8 weeks

Contact: Coach Vince Pulupa at vpulupa@wtef.org or by calling 202-291-9888, Extension 226
Coach Ashleigh Woods at awoods@wtef.org or by calling 202-291-9888, Extension 202

Individual Registration Form:

Child's Name:

(Last) _____ (Middle) _____ (First) _____

Gender: F M Age: _____ Date of Birth: _____

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Name of Guardian: _____ Relationship to child: _____

Phone#: _____

Email: _____

Emergency Contact: _____

Emergency #: _____

Parent/Guardian Waiver:

I accept full responsibility for my child and by signing below give permission for him/her to participate in 2016 WTEF summer programs. I will not hold WTEF or its employees responsible for any injuries incurred by my child. I hereby authorize WTEF to photograph my child while he/she is participating in WTEF-related events and activities. WTEF has my permission to use these photos and data collected as a result of participant surveys in any publications and promotional materials. I have read and hereby accept the above conditions.

Signature: _____

Date: _____

Fall 2017 Tennis Clinics Payment Information

Please check which session your child will attend:

- _____ Red/Orange/Green Dots: Mondays, 5 to 6:15 p.m.
- _____ Red/Orange/Green Dots: Wednesdays, 5 to 6:15 p.m.
- _____ Red/Orange/Green Dots: Fridays, 5 to 6:15 p.m.
- _____ Red/Orange/Green Dots Saturdays 11 a.m. to 12:15 p.m.

- Enclosed is my check may payable to Washington Tennis & Education Foundation in the amount of \$_____.
- Please charge my credit card (please check one): AMEX VISA MC
Amount: \$ _____

Credit Card #: _____

Exp. Date: _____ Security Code: _____

Print Name: _____

Signature: _____

Please fill out the above registration and payment forms and check the session(s) of choice. Return completed form to the following address:

Washington Tennis & Education Foundation
Attention: Vince Pulupa or Ashleigh Woods
16th & Kennedy Streets, NW
Washington, DC 20011
(202) 291-9888, Extension 226 or 202 (202) 291-3855 (Fax)
Email: vpulupa@wtef.org or awoods@wtef.org