



WASHINGTON TENNIS &
EDUCATION FOUNDATION

The Washington Tennis & Education Foundation 2017 Fall Tennis Clinics Elite Group 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 Competition (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!.

Details:

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: Monday and/or Friday: 4:30 p.m. to 7 p.m.
Saturday and/or Sunday: 2 p.m. to 4 p.m.

Fee: \$500 per day selection (Monday, Friday, Saturday or Sunday)
Or 3 days: \$1350; 4 days: \$1600

Contact: Coach Vince Pulupa, vpulupa@wtef.org or 202-291-9888, Ext. 226

Individual Registration Form:

Child's Name: (Last) _____ (Middle) _____ (First) _____

Gender: F M Age: _____ Date of Birth: _____ Previous tennis experience? _____

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 day(s) your child will attend:

_____ Mondays (4:30 p.m. to 7 p.m.)

_____ Fridays (4:30 p.m. to 7 p.m.)

_____ Saturdays (2 p.m. to 4 p.m.)

_____ Sundays (2 p.m. to 4 p.m.)

Total days: _____

1 or 2 days for 8 weeks: \$500
3 days for 8 weeks: \$1350
4 days for 8 weeks: \$1600

- Enclosed is my check 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
16th & Kennedy Streets, NW
Washington, DC 20011
(202) 291-9888, Extension 226 (202) 291-3855 (Fax)
Email: vpulupa@wtef.org