

# Charlton Kings Tennis Place

<b>Coaching Booking Form 2010</b>													
Surname	First Name	Date of Birth (Juniors only)	Emergency Contact No.	Contact E-mail address	Course Start date	Course Time	Member		Course Fee	School attending (Juniors only)	Racket required		Any relevant medical information (please provide any additional information)
							Yes	No			Yes	No	
<b>Total</b> (cheques payable to <i>Charlton Kings Tennis Place</i> )													

**Address (please include postcode)**

**Parental Consent if applicable (please delete as necessary)**

I do/do not have any objections to images taken at Charlton Kings Tennis Place being used for promotional & marketing purposes including use on Charlton Kings Tennis Place Website. Signed.....Date .....

Note: all personal details will be kept confidential

**Return completed form and payment to:** Charlton Kings Tennis Place, 53 Longway Avenue, Charlton Kings, Cheltenham, Gloucestershire. GL53 9JH

**Confirmation of booking** will be sent to the email address provided. **Further information** available from Simon & Ruth Thomas 01242 527811/07952 791083

**Email:** [tennis@charltonkingstennisplace.co.uk](mailto:tennis@charltonkingstennisplace.co.uk)      **Web:** [www.charltonkingstennisplace.co.uk](http://www.charltonkingstennisplace.co.uk)