

**OPEN TO THE PUBLIC**

**Offering 1-HOUR LESSONS every day of the week**

**Fall Session 2017**

Check desired 10-week class **day(s)** and **time(s)** your child will attend:

<b>Day</b>	<b>Start - End</b>	<b>Time</b>		<b>Cost per time slot</b>
<input type="checkbox"/> Monday	Sept 11 - Nov 13	<input type="checkbox"/> 4-5 p.m.	<input type="checkbox"/> 5-6 p.m.	<b>\$330</b>
<input type="checkbox"/> Tuesday	Sept 12 - Nov 14	<input type="checkbox"/> 4-5 p.m.	<input type="checkbox"/> 5-6 p.m.	<b>\$330</b>
<input type="checkbox"/> Wednesday	Sept 13 - Nov 15	<input type="checkbox"/> 4-5 p.m.	<input type="checkbox"/> 5-6 p.m.	<b>\$330</b>
<input type="checkbox"/> Thursday	Sept 14 - Nov 16	<input type="checkbox"/> 4-5 p.m.	<input type="checkbox"/> 5-6 p.m.	<b>\$330</b>
<input type="checkbox"/> Friday	Sept 15 - Nov 17	<input type="checkbox"/> 4-5 p.m.	<input type="checkbox"/> 5-6 p.m.	<b>\$330</b>
<input type="checkbox"/> Saturday	Sept 16 - Nov 18	<input type="checkbox"/> 1-2 p.m.	<input type="checkbox"/> 3-4 p.m.	<b>\$330</b>
		<input type="checkbox"/> 4-5 p.m.		
<input type="checkbox"/> Sunday	Sept 17 - Nov 19	<input type="checkbox"/> 12-1 p.m.	<input type="checkbox"/> 1-2 p.m.	<b>\$330</b>
		<input type="checkbox"/> 2-3 p.m.	<input type="checkbox"/> 3-4 p.m.	

**REGISTRATION FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Parents' Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Please mail check payable to: David Kramer Tennis Academy  
 114 Castle Ridge Drive  
 East Hanover, NJ 07936