

**Peter Howell Tennis Camp
Registration**

First Name: _____

Last Name: _____

Parents Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Email: _____

DOB: _____ Age: _____

Tennis Experience: _____

T-Shirt Size: _____

Session Dates: _____

Deposit Due \$100 with form, Total Due (\$300) one week before camp.

In case of emergency, I authorize Peter Howell Tennis Camp to provide treatment as needed for my child.

Signature: _____

Make Check payable to: Peter Howell Tennis Camp
Oglethorpe University Athletics
4484 Peachtree Road NE
Atlanta, GA 30319
404-805-0439
phowell@oglethorpe.edu