

Program Registration

Player's Name _____ Age _____
Address _____
City _____ State _____ Zip _____

Parent's Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-Mail _____

Level of Play: Beginner Intermediate Advanced Tournament High School Varsity

Program Choice: Monday Tuesday Wednesday Thursday Saturday

Payment Options:

VISA/AMEX/MC/DISCOVER # _____
Expiration _____ Amount _____

Check # _____ Amount _____

Please make checks payable to: Seth Korey Tennis Academy

Mail registration and checks to:

Seth Korey
7543 E. Tailspin Ln.
Scottsdale, Arizona 85255