

# ABAC Tennis Clinic Registration Form

**Participant's**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** M / F **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Registration Fee \$25: Date pd.** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_

The clinic will be on Saturday, January 21<sup>st</sup> from 1:00 pm until 4:00 pm. All participants need to arrive between 12:30 and 12:50 pm for check in. Pre-registration is required.

Please return these to Alan Kramer ([akramer@abac.edu](mailto:akramer@abac.edu)) by January 14<sup>th</sup>.

**Fax: 229.391.4931 or  
Mail to: ABAC Athletics  
2802 Moore Hwy  
Tifton, GA 31793**

**If you have any questions please call 229.391.4928.**

**This clinic is a fundraiser being held by the ABAC Tennis Teams for the ABAC Tennis Program.**

**Thank you for your support!**