

All Stars - Spring 2012

Qualifications (Students must meet one or more of the following criteria.)

- ★ Rated (or formerly rated) Super Championship or Championship in Texas
- ★ Have accumulated a minimum of 12 ZAT points in any age group.
- ★ A Varsity or Junior Varsity High School Player or a member of a Junior High Tennis Team
- ★ A 6-10 year old QuickStart player who can serve, rally the ball consistently, and keep score.

Dates

January 2, 4, 6, 9, 11, 13, 16, 18, 20, 23, 25, 27, 30

February 1, 3, 6, 8, 10, 13, 15, 17, 20, 22, 24, 27, 29

March 2, 5, 7, 9, 19, 21, 23, 26, 28, 30

March Spring Break Camp 12, 13, 14, 15, 16

April 2, 4, 6, 9, 11, 13, 16, 18, 20, 23, 25, 27, 30

May 2, 4, 7, 9, 11, 14, 16, 18, 21, 23, 25

May Grand Slam Camp 28, 29, 30, 31

June Grand Slam Camp 1, 4, 5, 6, 7

Times

Regular Dates 4:30 to 7:00 PM

Camps 3:00 to 7:00 PM

See **page 2** for the **Sign Up** form.

Name: _____ Age: _____ Birthdate: _____

Street Address: _____

City: _____ Zip: _____

Parent Names: _____

Telephone Numbers:

(Home) _____ (Work) _____ (Cell) _____

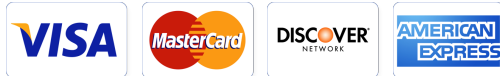
E-mail Address: _____

Enrollment (check first or second circle for any month)

January	<input type="radio"/>	all 13 days - \$442 (or \$312 for members)	<input type="radio"/>	daily - \$38 (or \$28 for members)
February	<input type="radio"/>	all 13 days - \$442 (or \$312 for members)	<input type="radio"/>	daily - \$38 (or \$28 for members)
March	<input type="radio"/>	all 10 days - \$340 (or \$240 for members)	<input type="radio"/>	daily - \$38 (or \$28 for members)
April	<input type="radio"/>	all 13 days - \$442 (or \$312 for members)	<input type="radio"/>	daily - \$38 (or \$28 for members)
May	<input type="radio"/>	all 11 days - \$374 (or \$264 for members)	<input type="radio"/>	daily - \$38 (or \$28 for members)
Spring Break Camp	<input type="radio"/>	all 5 days - \$240 (or \$190 for members)	<input type="radio"/>	daily - \$53 (or \$43 for members)
Grand Slam Camp	<input type="radio"/>	all 9 days - \$432 (or \$342 for members)	<input type="radio"/>	daily - \$53 (or \$43 for members)

Billing (check one)

Please bill my credit card (circle one)



Credit Card Number: _____

Credit Card Expiration Date: ____ (Month) / ____ (Year)

Please bill my Chancellors Family Center account # _____

Enclosed is my check in the amount of \$ _____

Enclosed is cash in the amount of \$ _____

Medical & Liability Release (please sign)

I hereby release Chancellors Family Center and its employees and sponsors of all responsibility in the event of any injury. I also consent to emergency medical or hospital service that may be rendered at designated hospitals by appointed physicians in the event such need arises in the opinion of a duly licensed physician.

Signed _____