



2010 CDT FGCU TENNIS CAMP APPLICATION FORM

Camper's Name _____
Last First Middle

Address _____
Street and/or P.O. Box Number

City State Zip Code

Age at Camp _____ Sex _____ Home Phone _____

Email _____ Cell Phone _____

Print Parents or Guardians Name _____

Please circle session(s):
June 20-25 June 27-July 1 July 4-9 July 11-16 July 18-23

Skill Level: _____ Beginner _____ Intermediate _____ High School Team _____ Tournament Player

Have you been involved in any other Cliff Drysdale Tennis facilities/programs?

Yes/No If yes, where? _____

Roommate Preference: _____
(Must be requested by both campers)

(May choose up to three roommates, apartment style housing with four single rooms in an apartment. If no roommate selected, you will be placed with campers close in age.)

T-Shirt Size: Adult XL L M S

Please tell us how you heard about us:
____ Tennis Magazine Ad _____ Camp Brochure _____ Coach
____ Cliffdrysdale.com _____ CDT Touring Camp _____ Friend

Photo Release – Cliff Drysdale Management may occasionally take pictures of our camp participants for use in promotional/advertisement materials or publications (brochures, websites, newspaper ads, etc.) By signing this consent, I agree to allow Cliff Drysdale Management to reproduce the likeness of my child such as promotional/advertisement material and publications.

Signature of Parent/Legal Guardian: _____

Camp Fees	*10% off Rookie Campers	*20% off Alumni Campers
Overnight Camp (\$750) ____	(\$675) ____	(\$675) ____
Day Camp (\$300) ____	(\$270) ____	(\$240) ____
Airport Shuttle (\$40) ____	(\$36) ____	(\$32) ____
Deposit (\$150) ____	(\$135) ____	(\$120) ____
Total Amount (\$1,240) ____	(\$1,116) ____	(\$992) ____

***Note – Sign up before March 31st to receive an early bird special. 10% off for all Rookie campers, and 20% for all Alumni campers.**

Credit Card Payments

____ Please charge the full camp balance to my credit card at this time.

____ Please charge the deposit now and the remaining camp balance when it is due. (14 Days prior to first day of camp)

Card number

Expiration Date

Three Digit Signature Panel Code

Signature of Cardholder

Printed Name of Cardholder

***\$150 Non refundable deposit due at time of registration, remaining balance due 14 days prior to first day of camp.**

Please mail non refundable \$150 deposit, application, signed release form, and health form to:
(Checks payable to: Cliff Drysdale Tennis)

Cliff Drysdale Tennis
C/O FGCU Camp
4600 West Bay Blvd
Estero, Florida 33928
Email: FGCUcamp@cliffdrysdale.com
Tel: 1-800-733-7987 or 239-444-2339
Fax: 239-444-2338