



2022 SUMMER REGISTRATION FORM

Player Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Parent Cell: _____

Parent email: _____

Week Session(s): _____

Total Fees: _____

Program Fees:
\$250 per player per week

MAIL IN FORM WITH PAYMENT TO:
TOP EDGE TENNIS
PO BOX 172
EAST GREENWICH, RI 02818