



**West Coast Tennis Academy
@ El Camino Country Club**

Monday/Thursday Adult Clinic Registration

Name _____ Age _____

WCTA or ECCC Member _____ Non member _____

Circle level of play: Intermediate Advanced

Circle session:

Tuesday 9:20-11:20am B/BB

Thursday 9:20-11:00am A/AA

Names: _____

Address: _____

Home Number/ Cell: _____

Waivers are agreed upon: _____

Email address: _____

Agreement waiver must be signed

FEES: WCTA office can accept credit cards or
Please make check payable to **WCTA** hand in office or mail form with fees to:

**WCTA PO BOX 230132
Encinitas, CA 92023-0132
760.753.5530**