



# Rodney Street Tennis & Tutoring Association

## 2017 Saturday Fall Tennis Program

Our youth learn valuable life skills on and off the court to help them succeed!  
We welcome students and players of all skill levels!

Program Season Runs: September 9, 2017 – October 28, 2017

Program Location: Rodney Street Tennis Courts at Conaty Park  
Rowan Street & Gilpin Avenue, Wilmington DE

### Session Levels, Times, and Program Cost

*Beginner: 9am to 10am (\$80)*

*Intermediate: 10am to 11:30am (\$120)*

*Advanced: 10am to 12pm (\$160)*

**Need-based scholarships are available.**

*\*In the event of inclement weather, you will receive a text alert with information.*

*Required for all players: \$20 annual membership fee.*

*Players will be provided with rackets for practice or may bring their own.*

**For more information contact:**

**302-256-0235 or [admin@rstta.org](mailto:admin@rstta.org)**



Rodney Street Tennis & Tutoring Association  
*building lives through tennis and education*



*Please complete all information and submit completed application to:*  
 RSTTA, 1101 North Market St., Wilmington, DE 19801 • Email: admin@rstta.org • Fax: 302-256-0247

**Program Selection** (please select only one):  **Beginner**  **Intermediate**  **Advanced**

**Participant Information**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please alert RSTTA staff of any changes to address and contact info from original program application.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

Physician Name/Office Clinic: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Emergency Contacts**

	Name	Phone Number	Relationship to Student
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

*In the event that I cannot be reached in an emergency, I hereby give my permission to RSTTA staff to follow proper Emergency Medical Procedures.*

**Payment Information**

**Program Fees:** *please note that need-based scholarships are available to help cover costs of program fees listed below.*

**Annual Membership Fee = \$20 (Do not pay if already paid for program year)**

**Beginner = \$80 Intermediate = \$120 Advanced = \$160**

Scholarship Requested – please submit Scholarship Application (found on our website: rstta.org)

Payment Plan Requested (please include \$40 with application) – RSTTA staff will contact you

Full Payment Included: \$ \_\_\_\_\_  Cash  Check (payable to RSTTA)  Credit Card (complete info below)

Name as it appears on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security (CVV) Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Total Amount to be Charged Upon Receipt of Application: \$ \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_