

# Junior Squash Application



## JUNIOR APPLICATION

Name	
Mailing Address	
Age	

## PARENT INFORMATION

Mother	Name		E-mail	
	Cell Phone		Work Phone	
Father	Name		E-mail	
	Cell Phone		Work Phone	

## PROGRAM SELECTION

<b>JUNIOR DEVELOPMENT PROGRAM</b>	<b>FRIDAYS</b> 5:30pm to 7pm \$720/Semester (9 weeks) February 24, March 2, 16 & 23 April 6, 13, 20, 27, May 4	<b>SATURDAYS</b> 8:30am to 10am \$720/Semester (9 weeks) February 25, March 3, 17 & 24 April 7, 14, 21, 28, May 5
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## PAYMENT INFORMATION *(can be paid with check - must have credit card for club account)*

Total Amount			
Credit Card Number		Expiration Date	
Signature			

**PLEASE FAX APPLICATION TO 718.389.6239 or E-MAIL [admin@cityviewracquet.com](mailto:admin@cityviewracquet.com)**

**Please note:** This application does not guarantee your child's enrollment in the requested program. Expect to be contacted if/when you child's participation has been confirmed. Application will be manually processed by CityView staff. Once processed, a confirmation e-mail will be sent.