



# Box Hill Tennis Club Junior Convenor

Saturday – Alexei Demajo  
0418 369 763  
Sunday – Stewart Andrew  
0403 536 470

Email: [info@futuredemandtennis.com.au](mailto:info@futuredemandtennis.com.au)

## JUNIOR ENTRY FORM WINTER SEASON 2015

### ENTRIES CLOSE 9<sup>TH</sup> MARCH 2015

Return completed forms to the tennis club and leave in Green Competition Box provided or hand back to Alexei or Stewart.

Season commences Saturday 18<sup>th</sup> April & Sunday 19<sup>th</sup> April and ends Saturday 22<sup>nd</sup> August & Sunday 23<sup>rd</sup> August  
Finals 29<sup>th</sup> August – 6<sup>th</sup> September. Back up weekend September 12<sup>th</sup> & September 13<sup>th</sup>.

\* No Play ANZAC Day & Queens Birthday Weekends.

**TERMS – ONLY FINANCIAL MEMBERS OF BOX HILL TC ARE ELIGIBLE TO PLAY.**

### BALL FEE \$25 PER PLAYER PER SEASON

**PREFERENCE** (Please Circle)

**OPEN RUBBERS**

**BOYS**

**GIRLS**

**JUNIOR OPEN SINGLES/DOUBLES**

**JUNIOR DEVELOPMENT COMPETITION (UNDER 12'S)**

(Please Circle)

**SATURDAY MORNING**

**OR**

**SUNDAY MORNING**

The Junior Committee will do their best to satisfy your preferences.

**NEW PLAYERS** – Have you played competition tennis previously? YES / NO

Day (Saturday or Sunday) & Grade last played \_\_\_\_\_ Club \_\_\_\_\_

#### APPLICATION FORM – PLEASE PRINT CLEARLY

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at 31 Dec 15 \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Parents Names \_\_\_\_\_ Mobile \_\_\_\_\_

Comments, requests, dates unable to play, limitations, allergies, etc.

**CONDITIONS OF ENTRY** Each person will be rostered on to transport between 1 to 2 times per season. Meet at club 7:45am for away matches. For safety reasons, every child must have an allocated seat with safety belt when being transported. Transporting parents MUST remain at the venue until play has finished and transport players back to the club. In an emergency (where I am unable to be contacted), I give my consent to the supervising adult to authorize basic emergency medical treatment for my child.

Once this form has been signed and returned, it is expected that all participants see out the entire season and a commitment to their team is maintained. Failure to comply with this could result in your child not being able to participate in the following season competition.

I, \_\_\_\_\_ (name of parent/guardian), agree to the above conditions of entry.

Signature of Parent/Guardian

Signature of Junior Applicant

Date

PLEASE NOTE: DUE TO BOX HILL TC FIELDING A VERY HIGH NUMBER OF TEAMS, YOUR CHILD'S TEAM MAYBE ROSTERED TO PLAY THEIR HOME MATCHES AT ONE OF OUR TWO OUTSIDE VENUES. Additional forms are available from the clubhouse or the Box Hill Tennis Club website along with other club information.

[www.tennis.com.au/boxhiltc](http://www.tennis.com.au/boxhiltc)