

Future Stars Westhampton-Clinics Application 2020

★Phone: (631) 287-6707 ★Fax: (631) 287-8633

★Website: fscamps.com ★ Email: info@futurestarsouthampton.com

First Name		Last Name	
Address		City	State Zip
Gender	Birth Date	Grade	School
Home Phone	Email 1	Email 2	
Summer Address		Summer Phone	
Parent 1	Cell #	Work	
Parent 2	Cell #	Work	

Tennis Clinics Mon-Fri 9 am to 12 pm	\$525/week	
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	1	2	3	4	5	6	7	8	9	10
Westhampton <i>Please Check Desired Session</i>	6/22 to 6/26	6/29 to 7/03	7/06 to 7/10	7/13 to 7/17	7/20 to 7/24	7/27 to 7/31	8/03 to 8/07	8/10 to 8/14	8/17 to 8/21	8/24 to 8/28
Tennis Clinic										

**Program Offerings Subject to change. New and Additional programs may be added.*

**Campers may bring their own nut free snack*

Enclosed is my full payment of = \$ _____

Please charge my credit card: American Express MasterCard Visa

Name _____ Card no. _____

Exp. date ____ / ____ CVV Code _____

Please Make Checks payable to: **Future Stars Southampton 1370A Majors Path PO Box 1576 Southampton NY 11968 fax 631-287-8633**

As parent or guardian of the applicant, I hereby accept the condition of enrollment and give permission for my child to participate in the Future Stars Program. I agree to comply with all program regulations, and hereby remove campsite staff, management, Future Stars Southampton LLC, and Aspatuck Tennis, from any and all liability for injury or damages incurred while involved in this program. Future Stars Southampton LLC retains the rights to any photographs or video of the campers taken at the clinics to be used for publicity or advertising. I understand that as of receipt of my application ALL balances will be charged in full and cancellations are non-refundable. I understand that as of April 1, 2020 ALL balances will be charged in full and cancellations are non-refundable. Prior to April 1, 2020 payments are refundable minus \$150.00 cancellation fee.

Signature _____ Date _____