



# Kapalua Junior Tennis Camp Registration Summer - 2006



**Session 1 and 2:** Novice to Intermediate  
June 19 - 23 and 26 - 30, 2006  
Boys and Girls, 8-16  
Time: 12:00p - 4:00p

**Session 2:** High Intermediate to Advanced  
July 3 - 7, 2005  
Boys and Girls, 10-16  
Time: 12:00p - 4:00p

I wish to register for:

Session 1: \_\_\_\_\_ Session 2: \_\_\_\_\_ Session 3: \_\_\_\_\_

**Camper Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: Male Or Female      Shirt Size (These will be Junior size Tees):  
Small      Medium      Large      Xlarge

**Parent Information:** Resident: \_\_\_\_\_ Guest: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Information:**

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Maui Information:**

Hotel/Condo name \_\_\_\_\_ (If staying with family/friends, their name) \_\_\_\_\_ Phone Number \_\_\_\_\_

First and Last name used at hotel registration \_\_\_\_\_

**Payment Information:**

Cardholder Name \_\_\_\_\_ Billing Address \_\_\_\_\_

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Check Enclosed: \_\_\_\_\_

Weekly Rate: \$275 (Kama'aina \$225)  
Daily Rate: \$60 (Kama'aina \$55)

How did you hear about our Kapalua Camp? \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Students will receive Peter Burwash's Tennis For Life book as part of the program

PLEASE SEND OR EMAIL COMPLETED REGISTRATION FORM AND RELEASE TO:  
Clark Corey, Kapalua Tennis Garden, 100 Kapalua Dr., Lahaina, Hi, 96761



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