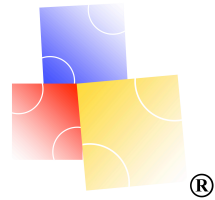


INTERACTIVE ACADEMY OF TENNIS
ABN: 43 738 382 713
13 Nagle Court Rowville Vic.3178
0413 569 296



UPPER FERNTREE GULLY T.C
Cnr Talaskia Rd & Edward St

NAME OF PARENTS.....

ADDRESS.....

.....POST CODE.....

E-MAIL ADDRESS.....

Home Phone No..... Mobile.....

Name of Pupil (1).....

Date of Birth..... Class Day..... Class Time.....

Name of Pupil (2).....

Date of Birth..... Class Day..... Class Time.....

Name of Pupil (3).....

Date of Birth..... Class Day..... Class Time.....

All Cheques / Money Orders are payable to: Interactive Academy of Tennis

Total Amount.....From.....To.....

I AUTHORISE THE COACH IN CHARGE TO SEEK MEDICAL TREATMENT IN AN EMERGENCY.

Signed.....Parent / Guardian Date.....

MISSED CLASSES



1. Classes missed due to injury or illness will be compensated.
2. This is the ONLY time classes will be compensated unless prior arrangement with coach in charge.