

## PRC ADULT REGISTRATION FORM

SEASON \_\_\_\_\_

Please mail this form with payment to Princeton Racquet Club, 150 Raymond Road, Princeton, NJ 08540 or drop off at the office. PRC reserves the right to cancel classes without the minimum enrollment. Refunds for medical reasons only. Check with your pro regarding make ups for weather related cancellations.  
Call (732) 329-6200 to check class availability or for any other questions or registration information

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ NTRP Rating \_\_\_\_\_  
 Email address (optional) \_\_\_\_\_

Program	Day	Time	Amount

Make checks payable to Princeton Racquet Club. Amount Enclosed \$ \_\_\_\_\_  
 Credit Card: MC, Visa, AMEX # \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

**Please bring a can of unopened balls on the first day.**

I hereby consent to be treated at the Medical Center of Princeton in case of an emergency. I agree not to hold Tennis Network or the Princeton Racquet Club liable for any personal injury, damage to, or loss of property suffered to me. I give my permission to PRC to publish photographs of me on the PRC website and in PRC brochures. rev 04/05

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