

## TENNIS FOUNDATION JUNIOR WHEELCHAIR TENNIS CAMP

**Venue:**

City of Nottingham Tennis Centre, University  
Boulevard, Nottingham, NG7 2QH  
Tel: 0115 915 0006

**Date:**

Saturday 4<sup>th</sup> & 5<sup>th</sup> April 2009

**Times:**

Saturday      11.00 am – 5.00 pm  
Sunday        10.00 am – 4.00 pm

**Participants:**

Juniors between the ages of 5 - 18  
ONLY 30 PLACES – FIRST COME FIRST SERVED  
BASIS

**Programme:**

COACHING BY QUALIFIED TENNIS COACHES &  
WHEELCHAIR PLAYERS

**Includes:**

WHEELCHAIR DEMONSTRATIONS / SET UP

**Accommodation:**

The Belfry Hotel, Mellor's Way, Off Woodhouse  
Way, Nottingham, NG8 6PY

Accommodation is Wheelchair Accessible  
One nights accommodation provided for  
Saturday night ONLY on a shared basis  
Fee includes Breakfast and Packed Lunch  
Evening meal is at the player's own expense  
One accompanying adult's hotel & packed lunch  
costs will be provided  
For details of accommodation for additional  
family members please see next page.

**Complete and return application form to:**

BECKY DREW JUNIOR CAMP  
Tennis Foundation  
THE NTC  
100 PRIORY LANE  
ROEHAMPTON  
LONDON SW15 5JQ  
Tel: 020 8487 7119  
Fax: 020 8487 7304  
[Becky.drew@tennisfoundation.org.uk](mailto:Becky.drew@tennisfoundation.org.uk)

### APPLICATION FORM

<b>NAME:</b>		
<b>ADDRESS &amp; POSTCODE:</b>		
<b>TELEPHONE / MOBILE:</b>		
<b>EMAIL:</b>		
<b>AGE:</b>		<b>DATE OF BIRTH:</b>
<b>MALE / FEMALE:</b>		
<b>NATURE OF PERMANENT PHYSICAL DISABILITY:</b>		
<b>HAVE YOU PLAYED TENNIS BEFORE?</b>		
<b>DO YOU HAVE A COACH? If yes, please give name</b>		

NAME \_\_\_\_\_

**PAYMENT & ACCOMMODATION OPTIONS**

**OPTION 1**

Total £ \_\_\_\_\_

**Accommodation for 1 Junior and 1 Parent/Carer + Camp Fee + One Years Introductory National Wheelchair Tennis Association Membership £55** (only available to players who have never had NWTa membership)

YES NO (please circle)

Please specify the name of the Parent/ Carer here \_\_\_\_\_

Accommodation for additional family members can be provided at the following rates; (max of 2 adults & 2 children)

£50 per additional parent/Carer. Name/s \_\_\_\_\_

£10 per additional child. Name/s \_\_\_\_\_  
(max of 2 adults & 2 children)

**OPTION 2**

Total £ \_\_\_\_\_

**Accommodation + Camp Fee £35** YES NO (please circle)

YES NO (please circle)

Please specify the name of the Parent/ Carer here \_\_\_\_\_

Accommodation for additional family members can be provided at the following rates; (max of 2 adults & 2 children)

£50 per additional parent/carer. Name/s \_\_\_\_\_

£10 per additional child. Name/s \_\_\_\_\_

**OPTION 3**

Total £ \_\_\_\_\_

**No accommodation + One Years Introductory National Wheelchair Tennis Association Membership + Camp Fee £25** (only available to players who have never had NWTa membership) YES or NO (please circle)

**OPTION 4**

Total £ \_\_\_\_\_

**No accommodation + Camp Fee £15** YES NO (please circle)

If you require accommodation on Friday 3<sup>rd</sup> April the costs are as follows;

Twin Room £100. Names of guests;

Guest 1 \_\_\_\_\_

Guest 2 \_\_\_\_\_

Total £ \_\_\_\_\_

Triple or Quad Room £120. Names of guests;

Guest 1 \_\_\_\_\_

Guest 2 \_\_\_\_\_

Guest 3 \_\_\_\_\_

Guest 4 \_\_\_\_\_

**Total £ \_\_\_\_\_**

I the undersigned agree to participate in the **TENNIS FOUNDATION JUNIOR WHEELCHAIR TENNIS CAMP 4<sup>th</sup> & 5<sup>th</sup> April 2009** and I enclose a cheque to the value of £ \_\_\_\_\_, made payable to 'The Tennis Foundation'

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete and return to:**

BECKY DREW **JUNIOR WHEELCHAIR CAMP**, The Tennis Foundation, THE NTC, 100 PRIORY LANE, ROEHAMPTON, LONDON, SW15 5JQ

## PHOTOGRAPHY AND FILMING: CONSENT FORM

I give permission, as the Parent / guardian for \_\_\_\_\_ ( name of participant)

To take part in the following event / opportunity:	<b>The Junior Wheelchair Tennis Camp 2009</b>
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The images/footage will be used for:	To promote the work of the Tennis Foundation, for example on the Tennis Foundation website or in authorised publications.
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Signed		Date	
Name (please print)			
Relationship to child			
Address			

Full details of Parent/Guardian if additional/different from above

Name (please print)			
Address			
Contact Numbers	Mobile		
	Home		
	Work		
Email Address			

Thank you

The Tennis Foundation