

MILFORD COMMUNITY SCHOOL USE PROGRAM

TOWN-WIDE TENNIS LADDER

REGISTRATION FORM

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

EMAIL _____

INDICATE PLAY CHOICE(S): SINGLES DOUBLES

NAME OF DOUBLES PARTNER (if applicable) _____

SKILL LEVEL: BEGINNER INTERMEDIATE EXPERIENCED ADVANCED

PLAYER CONTACT INFORMATION – Preferred telephone, email, and text message number for other players to contact you.

TELEPHONE _____

EMAIL _____

TEXT MESSAGE NUMBER _____

FEE: \$10 Per Player/ Per Program (Checks payable to Town of Milford - MCSUP)

MAIL TO: MILFORD COMMUNITY SCHOOL USE PROGRAM
 31 West Fountain Street
 Milford, MA 01757-4098

PLAYER'S SIGNATURE _____

If Player is under 18 years of age

PARENT/GUARDIAN SIGNATURE _____

If you have any questions, please call (508) 478-1119 Monday through Friday 8:30 – 3:30 pm.