



Froggie's[®]
www.froggies.net

Adult Camp Sign-up Form

A Deposit of \$100.00 is due with registration and full payment is due by May 15th, 2009.

To register, mail form with check payable to: **Froggie's**
1537 Pershing Drive Unit B, San Francisco, Ca 94129
Contact: Richard Carson 415 816 9024 - www.froggies.net

Little River Inn Tennis Camp: 7751 N. Highway One, Little River, CA 95456

June 28 - July 5

Registration Form:

Name _____ Cell _____
Student's Name _____ Hm/Wrk _____
Address _____ E-mail _____
City _____ State _____ Zip _____

Monday	Tuesday	Wednesday	Thursday	Friday
9:00 - 11:30 am Tennis Camp 11:30 - 12:00 pm Open Tennis 6:30 - 7:30 pm Welcome Dinner	9:00 - 11:30 am Tennis Camp 11:30 - 12:00 pm Open Tennis	9:00 - 11:30 am Tennis Camp 11:30 - 12:00 pm Open Tennis 12:30 - 1:30 pm BBQ Trivia/Prizes	9:00 - 11:30 am Tennis Camp 11:30 - 12:00 pm Open Tennis	1:30 - 3:30 pm Video Analysis 3:30 - 5:30 pm Round Robin 6:30 - 8:00 pm Players Dinner

Little River Inn Jacuzzi Room (\$1,600pp) – **Little River Inn Fireplace Room** (\$1,400pp)

Stanford Inn – Indoor Pool & Hot Tub (\$1,700pp) - **Vacation Home** (\$1,200pp)

Note: Camp rates listed are with shared occupancy (2 per room). If you would like your own room, or would like to share with a spouse who is not registered for the tennis camp, there is an additional charge. Rooms listed are in limited availability. Please see website or call for full details.

Total Amount \$ _____ Payment: ___ Check Coach Referral _____

Name of Physician _____ Physician's Phone # _____

I do hereby release Froggie's, Little River Inn and any employees or independent contractors affiliated with these entities from any liability or responsibility for accident or injuries that I may incur. I also authorize Froggie's & the Little River Inn to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Signature _____ Date _____