



Name: _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Phone # _____ (H) _____ (W)

Age: _____ If under 18, parent's name: _____

Emergency Contact: _____

Phone# _____

Allergies: _____

Are you currently taking any medications? _____

If so, please list: _____

Please list any physical limitations that might impact participation:

Program: _____ Date: _____ Location: _____

Program: _____ Date: _____ Location: _____

Program: _____ Date: _____ Location: _____

Total Cost: _____

Please indicate method of payment:

_____ Check _____ Cash _____ Credit Card (VISA/Mastercard) (

***You can pay for program when you come out to Empie Park for clinics.

MAIL OR FAX REGISTRATION FORM TO:
Althea Gibson Tennis Complex
City of Wilmington
3405-A Park Avenue, Wilmington, NC 28403
910-341-4639 FAX
Questions? Please call 341-4631