



GATES TENNIS CENTER



“Tennis for Kids” Renewal Application

Please return application to:

Gates Tennis Center 3300 E. Bayaud Ave Denver, CO 80209 303-355-4461 www.gatetenniscenter.info

DATE COMPLETED _____ **SPRING** **SUMMER** **FALL**
(Please circle session requested)

Renewal Applications are due 10 days prior to the start of each session

Player Information:

NAME _____ DATE OF BIRTH _____

Please make sure we have current phone numbers and email addresses. Any other changes since your original application? If yes, please update.

BEST PHONE _____ PHONE #2 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT OR GUARDIAN EMAIL _____

APPLICANT EMAIL _____

SCHOOL _____ GRADE _____

MOTHER NAME _____ OCCUPATION _____

FATHER NAME _____ OCCUPATION _____

- (12 and under - Parent please answer the questions below)
- (12 and over - Child applicant please answer the questions below)
- Attach an additional sheet of paper if space is needed.

1. Please explain why you would like to continue in tennis programs at Gates Tennis Center.

2. Please indicate what current needs you may have and what program(s) you would like to continue in--

Rank Your Favorite Tennis Opportunities

	Low	Med	High	Very High
<u>Equipment</u>				
Tennis Racquet (a racquet is required to participate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sneakers (non-marking sneakers are required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Instructional</u>				
Pee Wee Tennis (Ages 4-7, Beginner to Adv. Beginner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Strokes Group Lessons (Ages 8-18, Beginner to Advanced Beginner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Everyday (Ages 7-18, Intermediate to Advanced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Rate Private Lessons (Ages 4-18, Beginner - Advanced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Additional</u>				
Tournament Fees (Ages 7-18, Intermediate – Advanced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor Membership (Ages 7-18, Intermediate - Advanced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What day(s) of the week are you available for tennis instruction?

Mon Tues Wed Thur Fri Sat Sun

4. Can you provide your own transportation to Gates Tennis Center? Yes No

5. On the days you would be coming to Gates Tennis Center, are you willing to provide transportation for others from your school or neighborhood? Yes No

6. How have you enjoyed your experience at Gates? What did you like best? What didn't you like? What would you like to see change?

7. Who were your instructor(s)?

8. What are some of your goals in tennis over the next year?
