

**MID-CAPE RACQUET & HEALTH CLUB
JUNIOR PROGRAM APPLICATION FORM
ONLINE REGISTRATION**

Junior's Name: _____

Mailing Address: _____

Phone: _____

Parent's Name: _____

E-Mail: _____

Session Name: _____

Dates: _____

Payment: Visa / Master Card

Acct. #: _____ / **Exp. Date:** __ / __

Billing Zip Code: _____

Mail to: Mid-Cape Racquet & Health Club

193 White's Path

So. Yarmouth, Ma. 02664

508-394-3511

Fax: [508-394-3355](tel:508-394-3355)