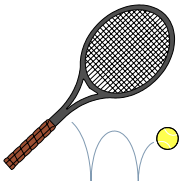


Practices: August 26 - November 24, 2007 (13 weeks)

Checked boxes are your practice days/times. If you have a scheduling conflict please discuss with Coach Madeleine. Alternatives could be provided. We strongly recommend our players to attend practices twice a week. Common with other organized sport programs, players with good attendance will be considered first when determining the match line up.

- Sunday 1pm - 2:30pm, Kalani HS (upper cts)
- Sunday 2:30pm - 4pm, Kalani HS (upper cts)
- Sunday 4pm - 5:30pm, Kalani HS (upper cts)
- Wednesday 4:30pm - 6pm, Kapaolono Park
- Wednesday 6pm - 7:30pm, Kapaolono Park
- Wednesday 4:30pm - 6pm, Kilauea District Park
- Wednesday 6pm - 7:30pm, Kilauea District Park
- Friday 5pm - 6:30pm, Aina Haina Community Park
- Friday 4:30pm - 6pm, Kilauea District Park
- Friday 6pm - 7:30pm, Kilauea District Park
- Friday 4:30pm - 6pm, Kalani HS (lower cts)
- Friday 6pm - 7:30pm, Kalani HS (lower cts)

* this registration form applies to 16 and under divisions



Match Play will begin September 15/16.

Age Divisions 14 years and under - Saturday matches; 16 years and under - Sunday matches
MATCH SCHEDULE & REFRESHMENT ASSIGNMENT FORTHCOMING

Sectional Championships: December 8/9 at Central Oahu Regional Park
Practices will continue through Sectionals for those teams that qualify.

Program Fee

- Practices - 1 1/2 hours, twice a week, 13 weeks \$ 275.00
- (practice fee breaks down to \$7/hour)
- League fee per team \$ 23.00
- subtotal \$ _____
- USTA Membership required if you are not yet enrolled \$ 18.00
- (membership includes 1 year subscription to Tennis Magazine)
- Team Shirt (required f/ new players, optional f/ returning players) \$ 6.00
- League fee for 2nd team (Coach to advise player/parent) \$ 12.00
- final total \$ _____

Registration Deadline: August 29, 2007

MAIL TO: USTA/HPS - attn: Madeleine Dreith
1500 S. Beretania St. #300, Honolulu, HI 96826

CREDIT CARD PAYMENTS can be mailed or faxed to USTA/HPS : Fax 955-8363

Madeleine Dreith Contact Info :
Phone 722-6416 or Email - dreithm001@hawaii.rr.com

**Kilauea Jr. Team Tennis 2007 Fall Program
Registration Form**



Name _____ USTA Member # _____
 DOB _____ School Attending _____
 Address/City/Zip _____
 Email: _____
 Phone (eve) _____ (day) _____ (cell) _____
 Name of Parents: _____

Registration Fees

Total Amount : _____

Check here If you are paying in two installments.
(Remit minimum of \$ 150.00, balance \$ _____ due October 8, 2007)

Method of payment:

Checks : Make payable to **USTA/HPS**
 Credit Card : Card Holder Name : _____
 Circle Credit Card Type : Mastercard Visa
 Credit Card Number : _____
 Expiration Date : _____

I hereby waive any and all claims against and liability of USTA/Hawaii Pacific Section and its representatives arising from any activities related to the program.

Parent/Guardian Name _____

Parent/Guardian signature _____ Dated _____

In case of an emergency - contact _____
phone _____

Yes, the Player Profile Sheet is completed and enclosed.