2015 SAZ SUMMER CAMP SCHOLARSHIP APPLICATION
DEADLINE MAY 15, 2015

NAME_____ **DATE**_____

USTA MEMBERSHIP #_____

ADDRESS_____

EMAIL ADDRESS _____

PHONE_____

Sessions you wish to attend:_____ **AM**__ **PM** ___

Dates of sessions you wish to attend_____

_____

Payments are made to the facility on the first day of each session.

I agree to pay _____for each session.

I agree to attend all the days of each session and have transportation

PARENT/GUARDIAN SIGNATURE _____

COACH'S SIGNATURE_____

Will you be participating in USTA JR. TEAM TENNIS? _____

Please submit this application to the facility director where you wish to attend

More information on SAZ Summer Camp Scholarships may be obtained on www.saz.usta.com

****Note: There is a volunteer requirement for any participant receiving scholarship funds.**