



NEW CUSTOMER FORM

Part 1 – Parent/Guardian Contact Details.

Full Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

How did you hear about us? _____

Part 2 – Student (s) Details.

(1) Child's Name: _____ Male: _____ Female: _____

Date of Birth: ___/___/___ Age: _____

Name of School: _____

Tennis Experience: (Tick which option) New Beginner: _____ Beg/Pre-Comp: _____

Comp Early Stages: _____ Intermediate Comp: _____

(2) Child's Name: _____ Male: _____ Female: _____

Date of Birth: ___/___/___ Age: _____

Name of School: _____

Tennis Experience: (Tick which option) New Beginner: _____ Beg/Pre-Comp: _____

Comp Early Stages: _____ Intermediate Comp: _____

Part 3 – Additional Information.

Known Medical Conditions: _____

Day and Time Preference: _____

Please contact Sandy : nptennis@iprimus.com.au. Mobile : 040224324