



Enrolment Form for Junior Table Tennis Training Program for Beginners

**Participants Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Authorised persons to pick up child** \_\_\_\_\_

**Any medical conditions, allergies** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E – mail:** \_\_\_\_\_

**Amount enclosed: You may pay by the term. \$**

**Please send your completed enrolment form and cheque to;**

Junior TT Training  
Table Tennis Canterbury  
294 Blenheim Rd  
Upper Riccarton  
Christchurch 8041  
New Zealand.