

APPLICATION

Please enroll my

Child _____, Address,

City,

Zip _____

In the following program

choice: _____,

Parent's name and contact phone

number _____

Please make checks payable to
Northeast Racquet Club, credit
cards are accepted at the Club.

For more information or any ques-
tions call Cliff Raben-Program Di-
rector at 215-671-9220 ext.134

NORTHEAST JUNIOR TENNIS

**Krewstown Rd and Grant
Ave.
Philadelphia, PA 19115**

215-671-9220 EXT.134

SIGN UP NOW!!!

**KIDS CLUB MEMBERS GET HALF OFF ALL
PRICES! TRY A FREE SESSION!**

***NORTHEAST
JUNIOR TENNIS***

LATE FALL

2019

NOV.-DEC. 6 WEEKS

**YOUTH
TENNIS
PROGRAMS
TOTS-TO
ADVANCED**



CLIFF RABEN- DIRECTOR

JOIN ANYTIME! AMOUNT WILL BE PRORATED.