

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 A
PRICES! TRY A FREE SESSION!**

***NORTHEAST
JUNIOR TENNIS***

**FALL
2020**

OCT.-NOV. 8 WEEKS

**YOUTH
TENNIS
PROGRAMS
TOTS-TO
ADVANCED**



CLIFF RABEN- DIRECTOR

JOIN ANYTIME! AMOUNT WILL BE PRORATED