



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***



**YOUTH  
TENNIS  
PROGRAMS  
TOTS-TO  
ADVANCED**



CLIFF RABEN- DIRECTOR

JOIN ANYTIME! AMOUNT WILL BE PRORATED.