

Adult & Junior Program Registration:

(All Players must first be PTTA members- please ensure you have completed a Membership Registration)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Township: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

*ADULT*                      or                      *JUNIOR*                      Circle one

Session \_\_\_\_\_ Level: \_\_\_\_\_

Days: \_\_\_\_\_ Times: \_\_\_\_\_

Total enclosed: \_\_\_\_\_

Make checks payable to:  
PTTA  
Box 983  
McMurray, PA 15317