

**Foxcroft Hills Summer Camp Sign up Form**

**Name----**

**Summer Camp Date---**

**Date of Birth---**

**Emergency contact numbers---**

**Mom---**

**Dad---**

**Other---**

**Food Allergies---**

**Any medical conditions or medications the tennis staff should know about---**

**All info will be kept in confidence.**

Please print and return with camp fee to the tennis staff. Forms can be mailed to:

Foxcroft Hills Swim and Racquet Club  
Attention Tennis  
2301 Sedley Rd  
Charlotte N.C. 28211

**Make Checks Payable to Robert Brenes**  
**(Not Foxcroft)**

**Thank You**