

KEN-CARYL RANCH METROPOLITAN DISTRICT

RANCH HOUSE
 7676 S. Continental Divide Road
 Littleton, CO 80127
 303.979.4070 Fax: 303.979.5347
 Visit us at www.ken-carylrancho.org

COMMUNITY CENTER
 One Club Drive,
 Littleton, CO 80127
 303.979.2233 Fax: 303-979-6501
judya@kcranch.org for tennis information



TENNIS REGISTRATION FORM

PLEASE USE ONE FORM PER PERSON. EACH FORM REQUIRES A SEPARATE CHECK OR CREDIT CARD ON FILE. THANK YOU.

NAME: _____ BIRTHDATE: ____/____/____ AGE: _____ SEX: M F KCR RESIDENT: _____ NON-RESIDENT: _____

PHONE: _____ E-MAIL: _____ Receipts/confirmations will be e-mailed.

ADDRESS: _____ CITY: _____ ZIP: _____

The Americans with Disabilities Act (ADA) provides protection for individuals with disabilities in employment, public accommodation and provision of service. KCRMD is committed to implementing, supporting and following all applicable provisions of this act. Questions, comments and suggestions regarding ADA issues should be referred to the District Office, 303.979.1876.

PLEASE LET US KNOW IF YOU HAVE ANY SPECIAL NEEDS.

Course Description	Course #	Day	Time	Cost
First Choice				\$
Second Choice				\$
Third Choice:				\$

A \$15 service charge will be levied on all returned checks, and cash payment will be required.

Refund Policy:

- (1) Requests for refunds must be made 72 hours before the first session of the scheduled program, during normal business hours at the RH or CC.
- (2) Each refund will be assessed a \$10 service charge, unless cancelled by KCRMD.

<p>My family and I hereby waive and release KCRMD, KCRMA and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator at KCRMD-sponsored activities.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Participant's Signature Parent's signature required for children under 18 years of age. REGISTRATION FORM CANNOT BE PROCESSED w/o PARTICIPANT or PARENT SIGNATURE.</p>	<p style="color: red; text-align: center;">Payment must accompany registration. Make checks payable to KCRMD. I have a credit card # on file and give authorization to charge it.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">You can check with front desk to see if you have a current credit card on file. Confirmation will be e-mailed. It is up to patron to confirm registration if e-mail not received. Please check your junk folder.</p>
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