

JULIAN KRINSKY SCHOOL OF TENNIS PROGRAM

2007 APPLICATION

To speed the application process, apply online at www.jkcp.com

Student Information

NAME		SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS		
CITY/STATE/ZIP		COUNTRY
HOME PHONE	HOME FAX	E-MAIL ADDRESS
DATE OF BIRTH (MM/DD/YY)		AGE AT PROGRAM
NAME OF SCHOOL		GRADE AS OF SEPT. 2007
CLUB WHERE YOU PLAY OR BELONG		
ROOMMATE/GROUP REQUEST (if applicable)		

Family Information

PARENT 1 NAME	PARENT 2 NAME
PARENT 1 WORK PHONE	PARENT 2 WORK PHONE
PARENT 1 CELL	PARENT 2 CELL
PARENT 1 E-MAIL *	PARENT 2 E-MAIL *

*Please provide at least one parent e-mail. Your child's confirmation will be sent to that address.

In case of emergency, if parent cannot be reached, please contact:

NAME	RELATIONSHIP
PHONE: HOME ()	WORK ()
	CELL ()

How did you hear about Julian Krinsky Camps & Programs?

<input type="checkbox"/> PREVIOUSLY ATTENDED JKCP	WHICH CAMP OR PROGRAM?	NUMBER OF YEARS
<input type="checkbox"/> FROM ANOTHER STUDENT	NAME	
<input type="checkbox"/> ADVERTISEMENT/ARTICLE	PUBLICATION	
<input type="checkbox"/> POSTCARD MAILING	POSTCARD CODE	
<input type="checkbox"/> CAMP FAIR	NAME	
<input type="checkbox"/> CAMP REFERRAL AGENCY	NAME	
<input type="checkbox"/> TEACHER/COACH/PRO	NAME	
<input type="checkbox"/> INTERNET SEARCH	WEBSITE	
<input type="checkbox"/> OTHER		

Residential Program Tuition

	OFF PEAK	PEAK
One week	\$1,045	\$1,145
2 or more weeks	\$995/week	\$1,095/week

- Price includes tuition, private or semi-private room with refrigerator, on-campus meals, off-campus trips and admissions on weekdays, and unlimited 1/2-hour early morning or late afternoon private tennis lessons.
- For students staying longer than one week, there is an additional \$150 charge per weekend for trips and excursions (excluding meals).
- Each student receives a complimentary amenities package.

Overseas Student Surcharge: \$150 (includes local airport pickup and drop off, linens and laundry)

Day Program Tuition

Full day	8:30 – 4:00	\$490/week
Morning Session	8:30 – 1:15	\$380/week
Afternoon Session	1:30 – 4:00	\$230/week

- Price includes tuition, lunch (full-day and morning sessions only) and amenities package.

Please complete both sides of application and send with check(s) payable to:

Julian Krinsky Camps & Programs • 610 S. Henderson Rd., King of Prussia, PA 19406

Please indicate on check your child's name and program.

JULIAN KRINSKY SCHOOL OF TENNIS PROGRAM

2007 APPLICATION

To speed the application process, apply online at www.jkcp.com

Payment of Fees: A \$500 deposit plus a nonrefundable \$75 application fee for residential students or a \$250 deposit plus a \$50 nonrefundable application fee for day students must accompany this application. Your application will not be considered complete until your deposit has been received.

Full payment is due April 1, 2007, or enrollment may be subject to cancellation. For applications submitted after April 1, 2007, full payment is due upon receipt of invoice. Reservations are made in order of receipt. We will notify you if your preferred weeks are not available.

Refund/Cancellation Policy: Notification of withdrawal must be made in writing to the program. Refunds will be made as follows:

Withdrawal date:	By May 1	May 2nd and later
Amount of refund:	All but \$300	No refund without cancellation insurance*

* Julian Krinsky Camps and Programs (JKCP) offers cancellation insurance that provides coverage for a cancelled or interrupted session, illness, injury or death of a family member. The price of this insurance is 5% of the tuition payment. If you purchase cancellation insurance, you will receive a refund of all but \$300 of the total payment. However, there will be no refund after May 1 if cancellation insurance is not paid in full by that date.

Even if cancellation insurance is paid for, there will be no refund for a student who is asked to leave the program for the use or possession of tobacco, drugs, alcohol or weapons, non-notification of a serious medical condition, or whose conduct is detrimental to the program. These decisions are at the sole discretion of JKCP. No refund will be made for late arrival, early departure or withdrawal due to a family vacation. Please review our cancellation insurance form for complete details on insurance coverage and exclusions.

Payment of Fees for Overseas Students:

1. Money should be transferred to Wachovia Bank, Philadelphia, PA 19101
2. Deposit payment to: JKST, Inc. AC #2000013367204
3. SWIFT: PNBPU333
4. ABA# 031201467
5. Reference: Student's name/Tennis program

Tennis Residential Program

Please check program and weeks desired (P=Peak, OP=Off Peak):

			Sr. Tennis (Haverford) Ages 14 – 17	Jr. Tennis (Cabrini) Ages 10 – 13
1.	June 10 – June 16	OP	<input type="checkbox"/>	<input type="checkbox"/> *
2.	June 17 – June 23	OP	<input type="checkbox"/>	<input type="checkbox"/>
3.	June 24 – June 30	P	<input type="checkbox"/>	<input type="checkbox"/>
4.	July 1 – July 7	P	<input type="checkbox"/>	<input type="checkbox"/>
5.	July 8 – July 14	P	<input type="checkbox"/>	<input type="checkbox"/>
6.	July 15 – July 21	P	<input type="checkbox"/>	<input type="checkbox"/>
7.	July 22 – July 28	P	<input type="checkbox"/>	<input type="checkbox"/>
8.	July 29 – Aug. 4	P	<input type="checkbox"/>	<input type="checkbox"/>
9.	Aug. 5 – Aug. 11	P	<input type="checkbox"/> **	<input type="checkbox"/>
10.	Aug. 12 – Aug. 18	OP	<input type="checkbox"/> ***	<input type="checkbox"/> ***

* Junior tennis players will reside at Haverford College during this week

** Senior tennis players will reside at the Westtown School during this week

*** Students will reside at the Westtown School during this week

Tennis Day Program

Please check program and weeks desired:

		Session			Haverford	Cabrini
		Full Day	A.M.	P.M.		
1.	June 4 – June 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*
2.	June 11 – June 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*
3.	June 18 – June 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	June 25 – June 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	July 2 – July 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	July 9 – July 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	July 16 – July 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	July 23 – July 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	July 30 – Aug. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Aug. 6 – Aug. 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Aug. 13 – Aug. 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*
12.	Aug. 20 – Aug. 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	**	**
13.	Aug. 27 – Aug. 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	**	**

* Sign-in at Haverford College

** Sign-in at Narberth Tennis Club

☐ Extended Day Program

8:00 a.m. – 5:00 p.m. \$75/week (includes breakfast)

FOR COMPLETION BY PARENT/GUARDIAN

I give my permission for my child to participate in the 2007 Julian Krinsky School of Tennis program. I agree that my child will abide by the program rules and realize any breach of these rules may result in his/her immediate dismissal without refund of any fees.

I authorize Julian Krinsky Camps & Programs (JKCP), or its authorized representatives, to take whatever actions it may consider warranted under the circumstances regarding my child's health and safety, and I fully release JKCP and its authorized representatives from any liability for such circumstances or actions as may be taken in connection therewith.

I authorize JKCP, or its authorized representatives, at its discretion, to place my child, at my expense and without further consent, in a hospital for medical services and treatment, or if no hospital is readily available, to place my child in the hands of a licensed doctor for treatment. JKCP may elect to access my family health/accident policy.

JKCP has my consent to take my child on off-campus trips.

JKCP retains the right to use photographs of my child for media or advertising purposes.

☐ Please check here if any medical, physical or other condition may limit your child's ability to fully participate in any activity.

☐ Please check here to have an arrival packet emailed to you at _____.

I have carefully read the above information and agree to the conditions stated herein.

PARENT/GUARDIAN SIGNATURE

DATE

Please contact us if you have any questions: Phone: 610-265-9401 • 866-TRY-JKCP • Fax: 610-265-3678 • E-mail: julian@jkcp.com