

**LINCOLN  
CHRISTIAN  
TENNIS  
SUMMER  
CAMPS**



**BOYS & GIRLS**  
**(Entering 3<sup>rd</sup> -12<sup>th</sup>)**  
**June 10-14**  
**4:00-6:00pm**  
**Cost: \$50**  
**WOODS TENNIS  
CENTER**



**QUESTIONS?**  
**AJ CARLSON**  
**402-875-1137 or**  
[aaronjcarlson1@gmail.com](mailto:aaronjcarlson1@gmail.com)

ONLINE REGISTRATION (\$5):  
[https://campscui.active.com/orgs/LincolnChristian  
School?orglink=camps-registration](https://campscui.active.com/orgs/LincolnChristianSchool?orglink=camps-registration)

**TENNIS**

NAME: \_\_\_\_\_

GRADE ENTERING IN THE FALL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

T-SHIRT SIZE (PLEASE CIRCLE):

YM YL S M L XL

My signature below is acceptable for my child to participate in the Lincoln Christian Tennis Camps. I release the Lincoln Christian School Association and the Lincoln Christian Tennis Program and all the coaches of any claims, which may be presented on my part as a result of injury.

PARENT NAME(S): \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
PERSON TO CONTACT IN CASE OF EMERGENCY:

1. \_\_\_\_\_

PHONE: \_\_\_\_\_

2. \_\_\_\_\_

PHONE: \_\_\_\_\_