



# WTEF PRO-AM

## MONDAY, AUGUST 3, 2009

### PRO-AM REGISTRATION FORM

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tennis Rating \_\_\_\_\_

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#### PAYMENT INFORMATION

Credit Card Type (please circle):            American Express            Mastercard            Visa

Name (print as appears on Credit Card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amt:   \$1000.00  

*Please make checks payable to the Washington Tennis & Education Foundation*

Signature: \_\_\_\_\_

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Please return this form to:

- **BY MAIL**

Talia Moyher  
Washington Tennis & Education Foundation  
The William H.G. FitzGerald Tennis Center  
16<sup>th</sup> & Kennedy Streets  
Washington, DC 20011

- **BY EMAIL**

[tmoyher@wtef.org](mailto:tmoyher@wtef.org)

- **BY FAX**

1-202-291-3855 Attn: Talia Moyher