

APPLICATION FOR HOPMAN JUNIOR CAMPER



Please return this form to:
SADDLEBROOK INTERNATIONAL TENNIS
5700 Saddlebrook Way • Wesley Chapel, Fl 33543
800/729-8383 • Fax 813/973-2936
Tennis information: 813/907-4214

Group Name _____

PERSONAL

Name _____
Street _____
City _____
State _____ Zip Code _____
Country _____
Phone _____
D.O.B _____ Age _____
Male _____ Female _____

LEVEL OF PLAY

A. Beginner _____
B. Adv. Beginner _____
C. Intermediate _____
D. Tournament _____

ROOM SHARE INFORMATION

Please let us know the name of roommate request:

(Limit of 3 requests)

PAYMENT INFORMATION

A \$200 deposit is required upon booking. Please provide your credit card # below. The balance is due upon arrival.

Name of Credit Card _____
Card # _____
Expiration Date _____
Cardholder's Name _____

PERMISSION TO CHARGE ON CREDIT CARD *ABSOLUTELY NO CASH ADVANCES*

If you wish your child to have credit privileges at Saddlebrook Resort (i.e. be able to charge in the Pro Shop, Poolside Cafe, etc.), please sign here and have notarized:

Signature of Parent, Guardian or Sponsor _____ Date _____

Sworn to and Subscribed before me this _____ day of _____, 2002

My commission Expires _____

NOTARY PUBLIC

JrApplication

Reservation # _____
(For office use ONLY)

DATES OF STAY

Arrival Date _____
(Month/Day/Year)
Departure Date _____
(Month/Day/Year)

TRAVEL INFORMATION

- 1. Are you arriving by Air _____ or Car _____?
- 2. Do you need pick up at Tampa International Airport? Yes _____ No _____
- 3. If yes, please tell us your flight information:

Arrival Date _____
Time _____
Airline _____
Flight # _____

Departure Date _____
Time _____
Airline _____
Flight# _____

- 4. Do you need a Pro to pick you up at Baggage Claim? Yes _____ No _____

(For office use ONLY)

Rates _____
Deposit _____
Balance _____
Play Dates _____
Travel Agent _____
Iata# _____
Address _____

Saddlebrook Resort

5700 Saddlebrook Way
Wesley Chapel, FL 33543-4479
813-973-1111

Credit Card Authorization Affidavit

Please complete the requested information and return this fax to the attention of

_____ at (813) 973-2936
Employee's Name *Department's Fax Number*

All areas must be completed. Include a copy of the front and back of the credit card listed below. The cardholder and the guest are jointly and severally liable for all charges incurred at Saddlebrook Resort.

I _____, authorize _____
Cardholder's Name *Guest's Name (if applicable)*

and Saddlebrook Resort to use this credit card for the advance deposit due or payment of the following charges:

- Room and Tax
 - Tennis Package
 - Gift Certificate
 - Other _____
 - All Charges
 - Golf Package
 - Etcheberry Sports Program
 - Food & Beverage
 - Spa Services
- Please list*

In the amount of: \$ _____

Credit Card Account #: _____

Expiration Date: _____

Printed Cardholder's Name: _____

Cardholder's Signature: _____

Billing Address: _____

City, State, and Zip: _____

Phone Number: _____

Fax Number: _____

CANCELLATION POLICY: If a reservation is cancelled more than fourteen (14) days prior to the reservation date, a penalty of fifty dollar (\$50) penalty per person is assessed. If the reservation is cancelled within the fourteen (14) day period, the total deposit of two hundred dollars (\$200) will be forfeited.

Office Use Only:

Folio or Document#: _____ Arrival Date: _____ Departure Date: _____

Date Verified: _____ Verified By: _____ Department: _____

American Express Verification at 800-528-2121x3

Merchant # 409 016 0565

APPLICATION FOR HOPMAN JUNIOR CAMPER

Please return this form prior to arrival to:
Saddlebrook International Tennis Camp
5700 Saddlebrook Way
Wesley Chapel, FL 33543
Ph: (813) 973-1111 Fax: (813) 973-2936



SADDLEBROOK RESORT - HOPMAN TENNIS

Arrival Date _____

MEDICAL SEARCH AND RECREATION RELEASE

I, the parent or guardian of _____,
by initialing the following items, acknowledge my consent and agreement that Saddlebrook
International Tennis, Inc. ("Hopman") is authorized:

to administer or to consent on my behalf to administration of emergency medical care to my
child(ren), and I certify that my child(ren) are fit and able to engage in Hopman's rigorous physical
training;

to enter into and to search my child(ren's) room and belongings for the presence of any
contraband or dangerous instrument;

to allow participation in and to transport my child(ren) out of Saddlebrook for recreational
activities including, but not limited to, amusement parks, theatres, shopping centers, sporting
attractions, etc.

My signature below indicates that, on behalf of myself, my spouse, and my minor child(ren),
I acknowledge and agree that:

a) my child(ren's) participation in the rigorous, physical training of Hopman, and
transportation to and participation in said recreational activities can be dangerous and involve the
risk of serious bodily injury;

b) I assume **FULL RESPONSIBILITY FOR AND ALL SUCH RISK** of my child(ren)'s
engaging in these activities, and Hopman and its agents shall not be liable for any lawsuits, claims or
damages arising from any of these actions or activities **REGARDLESS OF FAULT OR
NEGLIGENCE** of Hopman;

c) I will defend, indemnify, and hold harmless **HOPMAN**, including attorneys' fees,
from any lawsuits, claims or damages arising in connection with my child(ren's) actions or activities
on or off the Saddlebrook premises, **REGARDLESS OF ANY FAULT** of Hopman, or arising in
connection with enforcement of the provisions of this agreement.

Signature of Parent or Guardian

Date

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 2002.

My commission Expires: _____

(NOTARY PUBLIC)

Family Physician

Name _____
Street _____
City _____
State _____ Zip _____
Phone _____

Any reaction to Medicine, specify:

Allergies: _____

Special instructions regarding medicines to be taken, etc. _____



MEDICAL INFORMATION TO TAKE TO THE DOCTOR'S OFFICE

Please return this form at least one week prior to arrival by either mail or fax to:
HARRY HOPMAN/SADDLEBROOK INTERNATIONAL TENNIS
5700 SADDLEBROOK WAY
WESLEY CHAPEL, FL 33543
Ph: (813) 973-1111 Fax: (813) 973-2936 Arrival Date _____

In case your child needs to go to the Doctor/Hospital, we like to be able to take this sheet with us.
Please provide the following information to ease the registration process at the Doctor's Office. Thank you!

Child's Name _____

Street _____

City _____ State _____ Zip Code _____

Child's Date of Birth _____ Home Phone _____

Child's SS# _____

Medical Allergies _____

Whose name is the Insurance provided under? _____

Who is the Insured's Employer? _____

Insured's SS# _____ Insured's Work Phone _____

Insurance Provider (Company) _____

Policy # _____

Your Credit Card # (to pay for medical services) Type of Card _____

Card # _____ Exp. Date _____

Cardholder's Name _____

**Additionally, please provide a copy of both sides of your insurance card. Thank You!*