

CARP TENNIS CLUB

PO Box 237 CARP PO
Carp, ON
K0A 1L0

Application Form for 2017 Season

-----Please complete shaded areas.-----

Call if more information is needed (613-839-1215)

New Membership? (please "X"): YES NO

Street Address:

Postal Code:

City:

Phone # (h):

Phone # (cell):

Email:

How did you hear about the club?

The Carp Tennis Club is committed to respecting the privacy of our members. Your personal information will not be used without your permission.

I/we would like our contact info available to other members seeking games, etc... (if so, please "X"):

2017 FEES AND INFORMATION (please check membership applied for)			
<input type="checkbox"/>	FAMILY	1 or 2 parents and all children under 18 (Jan 1) living at home	\$135
<input type="checkbox"/>	SINGLE ADULT	18 or over by January 1, 2016.	\$75
<input type="checkbox"/>	STUDENT	13 or over (Jan 1) with proof of full-time attendance in school	\$50
<input type="checkbox"/>	JUNIOR	12 and under by January 1, 2016.	\$30

PLEASE INDICATE THE NAMES AND AGES OF ALL MEMBERS COVERED BY THIS APPLICATION:

	FIRST NAME	LAST NAME	UNDER 18: AGE AS OF JANUARY 1	STUDENT ("X")	If you would like our help in arranging play, please enter level: beginner, intermediate, or advanced.
a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
g)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

PAYMENT OPTIONS (please check and enter payment amount in one):

<input type="checkbox"/>	I have mailed a cheque to cover the 2017 fees for \$ <input type="text"/>	covering all indicated above [(a) to (g)].
<input type="checkbox"/>	I am paying by on-line etransfer in the amount of \$ <input type="text"/>	: email address: carptennisclub@gmail.com.

RELEASE AND WAIVER: In consideration of the Carp Tennis Club accepting my application for membership, I, for my heirs, executors, administrators and assigns, release and forever discharge the Carp Tennis Club, its committee members, executive members, club instructors, its directors, successors, agents, employees from any claims, demands, damages, actions or causes of action arising out of or in consequences of any loss, injury or damage to my person or property incurred while attending or using the facilities of the Carp Tennis Club for any reason.

NAME:

DATE:

Parent/Guardian (under 18) or Participant

Enter by computer or sign if paper-copy.

Please mail the form to the Carp Tennis Club to the post office box noted above.



Send a manually-completed/scanned or computer completed form as an email attachment to:
carptennisclub@gmail.com