



2017 MEMBERSHIP FORM

165 Lake Street, Southampton, ON N0H 2L0
 (519)797-2445 www.southamptontennisclub.ca

TAG NUMBER(S) (office use only)

PLEASE PRINT. Make cheques payable to Southampton Tennis Club. Do not send cash or post-dated cheques.

NAME (First/Last)		SPOUSE'S NAME (First/Last)	
MAILING ADDRESS (street/city/prov/postal code)			SUMMER PHONE NUMBER:
EMAIL ADDRESS (By providing your email address, you are giving the STC permission to communicate with you via email. We will not share your address with anyone outside of the STC.)			
JUNIORS (18 & Under OR defined as "dependent" on income tax return) Please use the back if you require more space.			Date of Birth (Month/Year)
1.			
2.			
3.			
4.			

MEMBERSHIP PACKAGES (HST included)

July and August membership includes free group lessons. Children must be 5 years of age within the current calendar year to participate. Special tennis clinics are not covered by the membership fee.

FAMILY (Parents & Juniors)	ADULT (19 & older)	JUNIOR (18 & under)
(4070) WEEK ____ wks @ \$140 = \$ _____	(4080) WEEK ____ wks @ \$65 = \$ _____	(4090) WEEK ____ wks @ \$50 = \$ _____
(4040) MONTH @ \$200 <input type="checkbox"/> July <input type="checkbox"/> Aug.	(4050) MONTH @ \$100 <input type="checkbox"/> July <input type="checkbox"/> Aug.	(4060) MONTH @ \$65 <input type="checkbox"/> July <input type="checkbox"/> Aug.
(4010) SEASON @ \$340 <input type="checkbox"/>	(4020) SEASON @ \$160 <input type="checkbox"/>	(4030) SEASON @ \$95 <input type="checkbox"/>

Guest Fees: Guests will be charged a fee of \$5/day for Juniors and \$10/day for Adults to a maximum of 3 days. After three days, the guest will be invited to register as a weekly member.

PLEASE SUPPORT OUR "UNDER THE LIGHTS" CAMPAIGN

I would like to support the reconstruction of the uptown courts by donating to the *UNDER THE LIGHTS* campaign. Please add this donation to my membership fees:

\$25 \$50 \$75 \$100 Other \$ _____

In exchange for this membership being granted, I agree personally and as parent/guardian of any junior member named above that the STC, its directors, staff, and agents will not be liable for any loss, damage, injury or costs howsoever caused or sustained by me or any of the members named above while participating in any STC activity or at its facilities.

Signature: _____ Date: _____

CLUBHOUSE OFFICE USE ONLY

Amount for Registration \$ _____ CASH CHEQUE DEBIT VISA M/C

(Debit & Credit only) Amount for Merchandise _____

attach receipt with details

Initials: