



MEMBERSHIP APPLICATION 2010 - 2011

Main contact name (parent / guardian if under 18 years)	
Address	Home telephone
	Mobile
Postcode	Email

We would like to contact you sometimes with Club News by email or SMS which saves costs. Please tick the box if you DO NOT wish to be contacted by email / SMS

Member details

Name	Membership Category	Date of Birth	Age	Male/ Female	Subscription
					£
					£
					£
					£
					£
TOTAL					£

Category	Description	Annual Subscription
Senior	Adult (23 -59 years)	£230
Senior Couples	2 adult members at the same address	£400
Super/Vet Senior	60 years and over	£115
Midweek	Mondays – Fridays, 09.00 - 17.30	£115
Student	18 – 22 years	£115
Junior	12 – 17 years	£50
Mini	6 – 11 years	£30
Tots	0 – 5 years	Free
Parent	Parent entitled to play only with junior member	£50

Note (1): The annual subscriptions include affiliations to Herts LTA. All subscriptions run from 1st May for one year and existing members should renew by 1st May.

No charge is made for member's use of courts at any time other than matches. Cost of floodlights is £4 per hour for booked time and coaching. There is no charge for the use of floodlights during club time or organised practice times.

Please turn over to complete and sign application form

Please return completed application form and payment

(cheques made payable to *Sawbridgeworth Tennis Club*) to:

Mrs Anne Hartwell
Park House
19 Pishiobury Drive
Sawbridgeworth
Herts CM21 0AD

Tel: 01279 722435 e-mail: membership@sawbridgeworthtennis.org.uk



Notes and Special Requirements

To ensure the safety of all members when at the Club, especially Juniors, please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Member's signature:

Signed:..... Date.....

Parent/guardian declaration (essential if applicant is under 16 years of age)

By signing and returning this form, I agree to the junior applicants named overleaf taking part in the general activities of the club. He/she has agreed to follow the junior rules of the club, and I agree to accept the code of conduct for parents.

To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form. I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me, and to deal with the situation appropriately.

I understand that I must inform the club of any changes to the information provided on this form.

Signed:..... Date:.....

Name:..... Relationship to Junior applicant(s):.....

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