

Cypress Tennis Club

Renewal Application Form

Print out and send US Mail

#1 Name: _____ #1 Birthday: _____

#2 Name: _____ #2 Birthday: _____

Address: _____ Phone#: _____

_____ Cell#: _____

E-Mail: _____

RANKING: (circle kind or rating and level) USTA Other

#1 4.0 + 3.5 3.0 2.5 2.0 Novice Not Sure

#2 4.0 + 3.5 3.0 2.5 2.0 Novice Not Sure

AVAILABILITY: (circle times you are available to play)

#1 Weekdays: Days - Nights

Weekends: Days - Nights

#2 Weekdays: Days - Nights

Weekends: Days - Nights

Circle the **DIVISION(S)** you would like to play regardless of whether or not you have a partner?

#1 Singles Doubles Mixed Doubles

#2 Singles Doubles Mixed Doubles

FEES: Single Membership - \$25 Family Membership (reside at the same address - \$35

Dues cover membership starting July 1, 2010 through June 30, 2011. Your paid membership entitles you to receive the newsletter and to participate in leagues, tournaments, social events, etc. A late fee of \$5 will be imposed if dues are not received on or before August 1, 2010. (Board reserves right to refuse membership)

If you are willing to serve on our Board or help in some way, please circle one of the following:

Officer Helper

I (We), _____, fully and forever hereby release the Cypress Tennis Club(CTC) and the Cypress Tennis Club Board of Directors from any and all accidents and claims, including any future claims arising out of an accident during a CTC event.

Print Name

Signature (Member #1)

Print Name

Signature (Member #2)

Please complete application and return with payment payable to:
Cypress Tennis Club, P.O. Box 431, Cypress, CA 90630

Revised: 6/21/10