

CYPRESS TENNIS CLUB

Renewal Application Form

print out and send U.S. Mail

#1 Name: _____ #2 Name: _____	#1 Birthday (month/day) _____ #2 Birthday (month/day) _____
#1 Address: _____ #2 Address: _____	Phone# _____ E-Mail _____

Ability Level: USTA Rating or Other Rating (circle kind or rating and level)	#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
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Availability: (circle times you are available to play)	#1 Weekdays: Days - Nights Weekends: Days - Nights #2 Weekdays: Days - Nights Weekends: Days - Nights
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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
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Fees: Single Membership - \$20.00 Family Membership - \$30.00 (same residence)

Dues cover membership starting July 1, 2006 through June 30, 2007. Your paid membership entitles you to receive the newsletter and to participate in leagues, tournaments, social events, etc. A late fee of \$5.00 will be imposed if dues are not received on or before August 1, 2006. (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

Please tell us what you don't like and want to see improved: _____

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

Print Name

Signature (Member #1)

Signature (Member #2)

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

Revised: 06/06/06