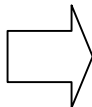


**MIDHURST** PLEASE PRINT



**Tennis Club**



FIRST NAME		FAMILY NAME	
MAILING ADDRESS			
E-MAIL ADDRESS		POSTAL CODE	
HOME PHONE #		CELL PHONE #	

**MEMBERSHIP APPLICATION**

**FEES**  
 Single Adult.....  
 \$85.00  
**CHEQUE OR CASH ONLY**

MON Evening – BEGINNER AND INTERMEDIATE CLINIC  
 TUES Evening – OPEN BEGINNER/INTERMEDIATE TENNIS  
 WED Evening – MEN’S DOUBLES LEAGUE (Scheduled) early May 2018  
 THURS Evening – MIXED DOUBLES ADVANCED Level 4+  
 FRI Evening – OPEN, MIXED DOUBLES  
 DAYTIME PROGRAMS AVAILABLE > SEE BELOW  
 LESSONS – JOHNNY GLANVILLE cell: 705-716-3198

I agree to allow my phone number to be shared with members. **YES NO**

**REGISTRATION**

SATURDAY, APRIL 7 & 14, 2018  
 10:00 – 2:00 PM  
 BARRIE NORTH WINTER  
 TENNIS BUBBLE

Would you like to help with the following?

<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> SOCIAL BBQs
<input type="checkbox"/> JUNIORS	<input type="checkbox"/> OTHER

MON AM INT LADIES	MON PM BEG CLINIC	MON PM INT CLINIC	TUES AM MIXED OPEN	TUES PM MIXED OPEN	WED AM LADIES' ADV	WED MEN'S LEAGUE	THURS AM MIXED OPEN	THURS PM MIXED ADV	FRI AM LADIES OPEN	FRI PM MIXED OPEN	SAT/SUN ROUND ROBIN & BBQs	SUN AM MIXED ADV

**Make cheques payable to: MIDHURST TENNIS CLUB** DATE

<b>FOR OFFICE USE ONLY</b> ▲	AMOUNT \$	CHEQUE #	CASH
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**SIGN HERE**

In authorizing this participation, I acknowledge and agree that this participation is without claim of liability to Midhurst Tennis Club or its instructors, for harm or injury or damages that may be incurred by accidental causes.

I AM SIGNING FOR ALL APPLICANTS LISTED ON THIS FORM.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

**ALL TENNIS BEGINS IN MAY. CONVENOR WILL CONTACT PLAYERS.**

FOR MORE INFORMATION: call Lucy @ 705-722-3395  
 or Ingrid @ 705-722-0665

**RETURN ADDRESS FOR APPLICATIONS**

55 BELMONT CRESCENT, MIDHURST,  
 ONTARIO, L0L 1X1