



P O BOX 1019 Queenstown
www.queenstowntennisclub.co.nz

JUNIOR REGISTRATION FORM 2009/2010 SEASON

Name (s) _____

Date (s) of Birth _____

Top Dog no. (www.tennis.org.nz) _____

Parent/Guardian (See below) _____

Address _____

Phone Home _____ Work _____ Mobile _____

Email (Please write clearly!) _____

Junior Membership \$35 one child, \$60 two children, \$75 for three or more children

Payment type Cheque Cash Online

Queenstown Tennis Club Inc - Bank Account Number - ASB Queenstown 12-3234-0099799-00

Wednesday Competition Please tick if interested in playing

Starting second Wednesday of next term, singles & doubles. Contact Beth Wood 442 3363. Players are ranked in teams according to ability. Please register promptly if interested.

Southern Lakes Saturday Competition Please tick if interested in playing

Saturdays 9am-2pm commencing. Doubles and singles. Ability based.

Enquiries Dave Pollack -

Under 18 years parent, guardian, caregiver consent and Emergency Contact.

I am the parent/guardian/caregiver of the applicant who is under 18 years of age. I have read and understood this registration form and the applicant's Membership Declaration over page and I consent to the Applicant's application for membership on the basis set out in the form. I consent to the use of my name and contact details as per the Declaration over page and for contacting me in an emergency involving the applicant.

Signature _____ Date _____