



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

SENIOR REGISTRATION FORM 2009/2010 SEASON

FIRST NAME _____ SURNAME _____

Occupation/Business (optional) _____

Male Female Date of Birth _____

Top Dog Number (if known) (www.tennis.org.nz) _____

Address _____

Address _____

Email (please write clearly) _____

Phone Home _____ Work _____ Mobile _____

Membership Type Senior Senior 60+ Couple Snr 60+ Couple

Payment type Cheque Cash Online

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

TWILIGHT COMPETITION

Team Name _____

Partners Name _____

Partners Email _____

Partners Phone Home _____ Work _____ Mobile _____

Entries Close 14 October. Contact Karen Mitchell 027 660 4411

Premier Grade 1 and 2 plus Social grade if sufficient numbers played on either Tuesday or Thursday nights.

Commences 22 Oct 2009

All players must be paid up members for the 16 Week competition (we have a Xmas Break)

Format is Mixed Doubles (unless uneven numbers). Final Gradings to be determined by Committee

SATURDAY TENNIS

8 Week competition. Playing times - Saturday mornings Ladies 9.00am - Doubles and singles – sets

Saturday afternoons Mens 1pm - Doubles and singles – sets - Contact Rei Tainui 027 660 4445

or Karen Mitchell 027 660 4411 Final grading to be determined by Committee

MID WEEK TENNIS

Mondays and Wednesdays 9.30am – 12. Visitors welcome (\$10) Contact Dianne Buckley 442 8215

FUN FRIDAYS SOCIAL NIGHT Commences Friday 31st October 5.30pm

For detailed information regarding Twilight Tennis, Saturday Tennis, Social nights, Mid week tennis and coaching, go to www.queenstowntennisclub.co.nz

Declaration I have read and consent to the membership declaration (over page)

Signature _____ Date _____