

ENDERBY LAWN TENNIS CLUB
Application for Junior Membership

Name Date.....

Address
.....
.....

Postcode

Home Telephone No.....

Work's Telephone No.....

Mobile Tel. No.

E-mail Address

(Please provide if possible. This allows us to keep you updated and we will not share this with third parties)

Are there any medical conditions we should be aware of?

If yes please give details.....

Please make sure your child has any necessary medication with them when they attend the club.

Date of Birth

Occasionally we may take photos of junior players e.g Player of the Month awards do you give permission for this?

Yes / No

Please Complete and return this form with your annual subscription payment. You will receive a membership tag.

(Cheques payable to Enderby Lawn Tennis Club)