**CITY VIEW TENNIS CLUB**

**MEMBERSHIP FORM - 2021**

## please bring this membership application to the clubhouse

|  |  |  |
| --- | --- | --- |
| Location: 60 Fieldrow St | Mailing address: | City View Tennis Club, c/o Thomas Kreiberg |
| Website: [www.cityviewtennis.ca](http://www.cityviewtennis.ca/) |  | 8 Darly Place, Ottawa, ON, K2G 1H4 |

**Membership Type and Cost**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Family $140**  Parents and children 17 and under with the same residence |  |  | **Student $75**  18 to 25, with a valid student card |
|  | **Adult $100** |  |  | **Junior $40**  17 and under |

**Payment: Cheque Cash Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please make cheques payable to: “City View Tennis Club”

**Member’s Name**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Birth Date  (Students & Juniors only) | Member #  (Office use) |
|  |  |  |  |
|  |  |  |  |

**Children's Names (for Family membership only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Birth Date | Member #  (Office use) |
|  |  |  |  |
|  |  |  |  |

**Address**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Name and Number | City | Province | Postal Code |
|  |  |  |  |
| E-mail address | | Telephone (main) | Telephone (other) |
|  | |  |  |

*The CVTC is committed to respecting the privacy of our members. Your personal information will not be used without your permission.*

**PLEASE COMPLETE PAGE 2**

Membership Questionnaire

1. Returning Member New Member

If you are a New Member, how did you learn about the club?

Friend Advertising School Web Access Nepean

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you are interested in league play?

Yes No

3. Are you are interested in summer camp?

Yes No

4. Are you are interested in adult clinic?

Yes No

**House League**

Please check the website or Club house notice board for league format and registration details.

**Lessons**

For tennis lessons, please see the website ([www.cityviewtennis.ca](http://www.cityviewtennis.ca/)) or the clubhouse board for information.

**Membership Questions?**

See the website or call the Membership Chair: Thomas Kreiberg at (613) 327-6066.

|  |
| --- |
| **WAIVER**  I understand and agree that the **CITY VIEW TENNIS CLUB** shall not be held responsible in any way in the event of accidental injury to me or my family. I/We also understand that the **CITY VIEW TENNIS CLUB** will not assume any liability for lost or stolen property.  **Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Signature of member or signature of parent or guardian if member is under 18. |