



LISTER TENNIS CLUB

North Road
Stevenage
Hertfordshire
SG1 4BB

JUNIOR MEMBERSHIP APPLICATION FORM

For individuals under 18 years of age.

All sections marked * must be filled in.

Player's name: _____ * Date of Birth: * / /

Medical Information: In case of an emergency

Preferred contact number: _____ (Please state whose number this is) *

Emergency contact number: _____ (Please state whose number this is) *

E-mail address: _____ *

In case of an emergency please fill out details for at least one person different to the details above in case we cannot contact the parents. *

Name:	Name:
Relationship to player:	Relationship to player:
Contact number:	Contact number:

Please circle which Membership you require

Tots 0-4 £5

Mini 5-9 £50

Junior 10-17 £60

Payment method:

BANK TRANSFER TO:

LISTER TENNIS CLUB

Sort: 40-43-36

Account: 82025833

(Please use your name, 'mem' and year. Eg JSmithmemjan22)

Date:

Signed:

Please email this form to listertennis@gmail.com