

Bubble Tennis Club Registration Form 2018-9

Location: 4346 Longmoor Dr. (Behind Pauline Johnson Public School), Burlington, ON

SURNAME:		TEL#
STREET ADDRESS:		
APT.	CITY	POSTCODE
APPLICANT NAME	EMAIL ADDRESS	MEM TYPE: (FULL or PLAT)
1		
2		
3		
4		

Allows play on Monday to Friday from hours of 8:00am to 4:00pm only Full Time Membership: Allows play 7 days/week from 6:00am to 11:00pm **Note:** For restrictions regarding singles and primetime play refer to www.bubbletennisclub.com

Fee Structure: all fees are per person for full 7 month season (no court fees apply) **Full Time Membership dues: \$550 Platinum Restricted Membership Dues: \$500 New Members: 1 Time Initiation levy: \$100 plus \$50 deposit for electronic fob (refundable)**

Application Instructions:

- 1 Please print and complete this form for all members of household
- 2 Cheques payable: Bubble Tennis Club (may be post dated to June 1)
- 3 Mail to: PO Box 80013, Appleby Post Outlet, Burlington, ON, L7L 6B1
- 4 or deposit through utility room mail slot in clubhouse before April 27
- 5 or e-transfer Karla Hewett at treasurer@bubbletennisclub.com (pw: bubble18) and send scan of form to membership@bubbletennisclub.com

NOTE:

If membership fees are not paid by June 1st, your membership is forfeited and the people on the Waiting List will be invited to join the club. **Refund Deadline For FOBS June 30th.**

Acceptance: I/We hereby apply for membership in the Bubble Tennis Club for the season. I/we have read the Rules and Regulations of the Club and agree to abide by them or risk forfeiting my/our membership. I/We also recognize and consent to the taking of photographs and/or videowhile in the public spaces of the Bubble Tennis Club. I/We understand that my/our image may be viewed or published without my/our inspection or remuneration. The Directors, Staff, Volunteers and their families, heirs and executors of the Bubble Tennis Club are indemnified and saved harmless from the costs of any injury or loss of personal property sustained by any member, guest or family member thereof while on the premises or using the facilities of the Bubble Tennis Club, however such injury or loss is caused.

Signature(s): _____ Date: _____ PLEASE CONTACT ME WITH REGARDS TO VOLUNTEERING (Y/N) ___ Tel# _____ Membership List (Check one) Exclude me ___ Include me ___ Include name without tel#: _____