Date of Application: _____ Date of Acceptance: _____

APPLICATION FOR JUNIOR/SUMMER MEMBERSHIP

{Junior Membership: \$300 Initiation & \$150 quarterly dues. Summer Membership: \$500}.

Minimum age is 10 years. Termination of Junior Membership can be by the member or by the Board of Directors at any time, but eventually at the 21st birthday.

NAME	Birth date		
Address	City	Zip	Telephone #
School:	Grade:	E-mail	
Tennis Ability: Beg/Nov Int	Adv USTA age	group & rankin	g
School Tennis Coach's Name &	Phone #		
Have you had lessons/clinics bef			
Are you taking lessons now?	_ How often do you	play tennis?	
What other sports do you play? _		What are	your hobbies?
Parents' Name(s):			
Parents' Name(s): Parents' Occupation(s):			
"I/We will guarantee payme and respect for its rules."	nt of dues and chai	rges to the Pe	ninsula Tennis Club
Parent Email address:	Parent's Signat	ure:	
1. Primary Sponsor: Print N	ame & Signature of S	enior PTC Men	nber