Membership Receipt # _____

VT Tennis Center
Membership Form 2009-2010

Name (s)_____
(First) (Last)

Home Address _____

Town/City _____

Phone (work) _____ (home) _____

Email Address _____

CHECK ALL THAT APPLY:
VT Faculty/Staff _____ General Public _____ Family Membership _____ Junior Only _____

SEASON RESERVATIONS (for which you are paying all or a share of the court fee)

1. Day of the week Court # Time (am/pm)

   _____ _____ _____

   Group name or name or organizer _____

2. Day of the week Court # Time (am/pm)

   _____ _____ _____

   Group name or name or organizer _____

3. Day of the week Court # Time (am/pm)

   _____ _____ _____

   Group name or name or organizer _____

4. Day of the week Court # Time (am/pm)

   _____ _____ _____

   Group name or name or organizer _____

VT Use Only: Date paid: _____

Amount: _____

By: _____