



Charlton Kings Tennis Place (office address)

53 Longway Avenue
 Charlton Kings
 Cheltenham
 GL53 9JH
www.charltonkingstennisplace.co.uk
tennis@charltonkingstennisplace.co.uk

Membership Application Form

Full Name: (Mr/Mrs/Ms/Miss)								
Address including Post Code:								
Contact Details:	Please indicate if you agree to share e-mail addresses and telephone numbers with other members, for example to help us match appropriate playing partners.							
Telephone Nos:	Home (Share Yes/No)	Work (Share Yes/No)			Mobile (Share Yes/No)			
Email addresses:	Home (Share Yes/No)			Work (Share Yes/No)				
If you have advised us of your email address you will automatically receive updates and news of special events. If you do not wish to receive them please tick here <input type="checkbox"/>								
Membership Category Please tick appropriate membership category below (If there is more than one member per category please indicate the number).								
Category	03/04/10 until 26/09/10	Tick	01/05/10 until 26/09/10	Tick	01/06/10 until 26/09/10	Tick	01/07/10 until 26/09/10	Tick
Adult (single)	£45		£45		£36		£27	
Junior* & full-time students (single)	£22.50		£22.50		£18		£13.50	
**Family (2 adults & up to 3 children*)	£100		£100		£80		£60	
*Children 5 years an under are free if one parent is an adult/family member ** For family and junior memberships please include details for each on second sheet.								
Payment I enclose a total of £..... for the above membership(s) and have read and agree to abide by the Club Guidelines. (Please make cheques payable to Charlton Kings Tennis Place and return with completed form(s) to the address above). Date								
Please let us know of any particular requirements or health related information that you think we should know about.								
About you:								
About another family member (name):								

Note: Personal details will be kept confidential and will only be shared with other members of Charlton Kings Tennis Place if permission to do so has been obtained.



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Names and contact details for additional Family Members

Full Name (spouse or partner): Mr/Mrs/Ms/Other			
Contact Details:		Please indicate if you agree to share email addresses and telephone numbers with other members, for example to help us match appropriate playing partners.	
Telephone numbers:	Home (share Yes/No)	Work (share Yes/No)	Mobile (share Yes/No)
Email addresses:	Home (share Yes/No)		Work (share Yes/No)
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Full Name (child 1):			
Date of birth:			
School (if applicable):			
Full Name (child 2):			
Date of birth:			
School (if applicable):			
Full Name (child 3):			
Date of birth:			
School (if applicable):			
Full Name (child 4):			
Date of birth:			
School (if applicable):			
Full Name (child 5):			
Date of birth:			
School:			

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