



PARK TERRACE

SWIM & TENNIS CLUB

5500 Parkfield Court
Sacramento, CA 95822
916-448-2896
Info@ptswimtennis.com

For Office Use Only

Membership # _____

Effective Date _____

Application for Adult Tennis Only Membership

Date _____

Name _____
Last Name First Name M.I.

Home Address _____

City _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

Employer _____

Type of Business _____ Position _____

What programs are you interested in?

Casual play _____ Private Lessons _____ Junior Clinics _____ Adult Leagues _____

Please list adult leagues you are in currently. If you are not in an adult league, please list your ranking: _____

How did you hear about the tennis membership program?

Member _____ Tennis Pro _____ Website _____ Friend _____

Other _____

Policy Statement:

I understand that this individual membership is for tennis use only. I understand that my credit card will be charged on the 4th of every month in the amount of \$50

Signed: _____ Date: _____

Club Representative: _____
