

WAIATA-EPSOM TENNIS CLUB JUNIOR REGISTRATION FORM 2021-2022

Post to : The Secretary, PO Box 29044, Epsom, AUCKLAND 1344 **OR**

Scan & Email to : info@waiataepsomtennis.net.nz **OR**

Drop in the "Subscriptions Box" on the table in the Club House

NAME(S) (underline surname) _____ Male/Female
(Circle one, or label 'M' or 'F')

ADDRESS _____
_____ **Post code** _____

Phone No. _____ Email address _____

Do you prefer to receive Club information by : E-mail

Mobile No. _____ (Tick one option) Post

Age _____ D.O.B. _____ Year at school _____

NB Please note any **Allergies or Medical conditions**, of which we should be aware _____

Subscriptions and Fees **

Category	Full year Membership	One Term Membership	Fees paid
Intermediates (18 yrs and under on the 30th April the year following the season)	\$135.00	\$88.00	
Juniors (11 yrs and under on the 30th April the year following the season)	\$110.00	\$70.00	
Tiny Tennis (8 yrs and under on the 30th April the year following the season)	\$75.00	\$38.00	

** Includes GST and Tennis Auckland fees (where required). A breakdown of the fee structure is posted on the Notice Board.

Electronic Key fee	Reactivation of existing key (annual fee)	\$5.00	Plus (if required)
	New or Replacement key for entry to Courts and Pavillion	\$25.00	<input type="text"/>
	Total Paid		<input type="text"/>

New access keys will be activated upon receipt of payment.

Please circle whichever is applicable

I wish to play interclub tennis : Yes No

I have played interclub tennis before : Yes No

Fees paid by : **Please tick option**

Cash -----

Internet banking ----- **Date Banked** _____

Account name **Waiata-Epsom Tennis**

Account No. **12 3025 0226579 00**

Payee **Member's Surname**

Code **Subscription**

Reference **Category (Intermediate/Junior/Tiny Tennis)**

Do you require a receipt? **Yes / No** If "Yes" please ensure you have provided us with your email address

We agree to abide by the rules of the club, particularly those relating to standards of behaviour and appropriate dress.

We note that repeated misbehaviour will result in suspension.

Signed (Parent/Caregiver) _____ Name _____

Signed (Child) _____ Name _____

Any queries please contact : Emile Bax (acting secretary), phone (09) 625 9354