WAIATA-EPSOM TENNIS CLUB JUNIOR REGISTRATION FORM 2023-2024

Deet to a		Er SOW TENNIS C				023-2024	
Post to : Scan & Email	The Secretary, 24 Fernleigh Ave, Royal Oak, AUCKLAND 1023 OR						
to :	info@waiataepsomtennis.net.nz OR dside letterbox number 20-24 in the walkway to our courts.						
Drop in the roa	idside letterbox num	iber 20-24 in the walkway t	to our courts.				
NAME(S) (underline surname)						Male/Female (Circle one, or label	
ADDRESS						'M' or 'F')	-
					Post code		-
Phone No.		Email address					
Mobile No.							
		Age	D.O.B.		Year at school		_
NB Please	note any Allergies	or Medical conditions that	at we should be	aware of :			
Subscription	s and Foos **						
Subscriptions and Fees ** Full year Category 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 a	nd Tennis Auckland fees	(where required). A breakdown o	f the fee structure is	s posted on the Notice Boar	d.		
** Includes GST and Tennis Auckland fees (where required). A breakdown of the fee structure is posted on the Notice Board.							Plus (if required)
Access Tag	fee	Reactivation of existing tag <i>(annual fee)</i> New or Replacement tag for entry to Courts and Pavillion			\$5.00 \$25.00		
					Total Paid		
New access	tags will be activ	ated upon receipt of pa	ayment.				
Please circle	whichever is appli	cable					
I wish to play int		Yes	No				
I have played interclub tennis before :		Yes	No				
				Diagon tink on	tion		
Fees paid by Cash	: Please tick option						
Internet banl	king '			0	Date Banked	1	
	Account name Account No.	Waiata-Epsom Tennis 12 3025 0226579 00					
	Payee Code	Member's Surname Subscription					-
	Reference	Category (Intermediate	/Junior/Tiny To	ennis)			
		the club, particularly those riour will result in susper		ndards of behaviour ar	nd appropriate dress.		
Signed (Paren	t/Caregiver)			Name			
Signed (Child)			l	Name			

Any queries please contact :

Emile Bax (acting secretary), phone (09) 625 9354