

MEMBERSHIP RESERVATION APPLICATION

Please mail application and deposit to: WAYNE INDOOR TENNIS CLUB
2 ATHENIA AVE.
CLIFTON, NJ 07013

Make Checks Payable to : WAYNE INDOOR TENNIS CLUB

PLEASE RESERVE A COURT FOR MY FOR MY GROUP AS FOLLOWS:

	Time Period		Day
1st choice _____	am/pm to _____	am/pm	on _____
2nd choice _____	am/pm to _____	am/pm	on _____
3rd choice _____	am/pm to _____	am/pm	on _____

1st Court # Preference _____ **2nd Court # Preference** _____

1. Group Capt. Name _____ Capt. Signature _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

E-mail Address _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

4. Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

5. Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

6. Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____