

DOYLESTOWN TENNIS CLUB INTEREST SHEET

10 Welden Drive, Doylestown, PA 18901

215-345-7897

Today's Date ____/____/____ Staff ID _____

HOW CAN WE SERVE YOU? We offer opportunities for players of all levels. We want you to enjoy "the sport of a lifetime". Please **FILL OUT ALL CATEGORIES** on this questionnaire so we can properly place you in a group or the appropriate activity here at the club.

PERSONAL INFORMATION: Member [] Nonmember [] Membership Sign-up [] *(please fill-out yellow membership card)*

Name _____ M[] F[] Age: under 18[]; 18-30[]; 30-45[]; 45-60[]; 60-70[]; over 70[]

Address _____ Phone: Home _____

Email _____ Work _____

(Email Used to Notify Members of Pertinent Club Events)

Cell _____

NTRP Level _____, Estimated Level _____, Would like to be evaluated []
Evaluation Date/Time: _____/_____/_____ Pro: _____/_____ Level: _____

AREAS OF INTEREST: For the following, please indicate as many categories as you would like

Times I am Available (please check & circle all that apply):

Type of Play Requested. . . (please check all that apply):

[] Weekdays before 9AM- M T W Th F

Singles [] Season Court [] Lessons []

[] Weekdays before 12:00- M T W Th F

Doubles [] League [] Clinic** [] ***Fill-out Clinic Request Form*

[] Weekdays After 12:00 - M T W Th F

Mixed Doubles*** [] ****(Individuals and/or couples are welcome)*

[] Weekday evenings after ____ pm - M T W Th F

Other: _____

[] Saturdays between _____ am/pm & _____ am/pm

[] Sundays between _____ am/pm & _____ am/pm

I am currently playing: _____

I play with the following members from the Doylestown Tennis Club *(optional)* Names: _____, _____, _____, _____, _____

[] **I AM A SEASON COURT CAPTAIN:** Name: _____ Phone: _____ looking for ____ # of players

Group Level of Play: _____ Season Court Day: _____ Time: _____ Singles [] Doubles []

Other Comments: _____

OFFICE USE ONLY: Please Date, Record & Initial All Contacts Made: _____

Actions Taken: Person's Name was recorded on the following lists for Future Use with Constant Contact & Follow-up

- | | | | |
|---|-------------------------------------|------------------------|-------------------------------|
| Membership <i>*(Card Completed)</i> [] | Clinic* <i>(Form Completed)</i> [] | Season Court [] | League <i>(see below)</i> [] |
| Lessons [] | Substitute Player [] | Stroke of the Week [] | Youth Programs [] |
| Doubles [] | Singles [] | Mixed Doubles [] | Drills [] |

Leagues:

- | | | |
|------------------------------------|---------------------|---------------------------------|
| Summer League [] | Senior League [] | Friday Night Doubles League [] |
| Mixed Doubles League [] | Buxmont League [] | USTA League [] |
| Sunday Men's 3.0 & 3.5 Singles [] | Beginner League [] | Other: _____ |

Description of Additional Follow-up Required: _____

Other comments: _____
