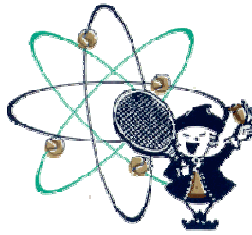


**DOYLESTOWN TENNIS CLUB
SEASON COURT REQUEST/RENEWAL**



OFFICE USE ONLY:
DATE RECEIVED _____
INITIALS: _____
DEPOSIT: _____

RENEWAL:

CAPTAIN _____ PHONE day) _____ (eve) _____

DAY _____ TIME _____ NO. OF COURTS _____

1. _____ We wish to renew our same season court, day and time.
2. _____ We wish to renew our season court, but with some adjustment to the day, time or Captain.

NEW Captain _____ PHONE NO. _____

Choice #1 DAY _____ TIME _____

Choice #2 DAY _____ TIME _____

Choice #3 DAY _____ TIME _____

3. _____ We DO NOT wish to renew our Season Court

NEW SEASON COURT REQUEST:

CAPTAIN _____ PHONE _____

Choice #1 DAY _____ TIME _____

Choice #2 DAY _____ TIME _____

Choice #3 DAY _____ TIME _____

NAME _____	ADDRESS _____	Home _____
		Work/cell _____
NAME _____	ADDRESS _____	Home _____
		Work/cell _____
NAME _____	ADDRESS _____	Home _____
		Work/cell _____
NAME _____	ADDRESS _____	Home _____
		Work/cell _____
NAME _____	ADDRESS _____	Home _____
		Work/cell _____
NAME _____	ADDRESS _____	Home _____
		Work/cell _____

MEMBERSHIPS ARE REQUIRED. A separate membership bill will be sent to each player on your court.
THIS COMPLETED FORM MUST BE SUBMITTED WITH THE REQUIRED DEPOSIT OF \$200.00.
Mail this form with deposit to: Doylestown Tennis Club, 10 Welden Drive, Doylestown, PA 18901

CAPTAIN'S SIGNATURE _____ DATE _____