

CARD HOLDER APPLICATION FORM

CENTRE:	EALING	CHISWICK	HYDE PARK	REGENTS PARK		
Card Holder Type:	ADULT	JUNIOR	STU/OAP	FAMILY	CROSS	MID

Please complete in BLOCK CAPITALS

SURNAME		Given Name	
Date of Birth		Age	
Address			
		Postcode	
Email			
Home Phone		Mobile Number	

Please comment about your general level of fitness:

Please give details of any ongoing health conditions that may be affected by playing:

I have a British Tennis Membership

Please provide your number here:

I would like FREE British Tennis membership	YES	NO
---	------------	-----------

If junior membership:

Emergency Contact	
Relationship to Child	
Telephone	
Mobile	

I am would like more information about: (Please tick all that apply)

Box League	<input type="checkbox"/>	Individual Coaching	<input type="checkbox"/>
ProShop promotions	<input type="checkbox"/>	Group courses	<input type="checkbox"/>
Events	<input type="checkbox"/>	Tournaments/Holidays	<input type="checkbox"/>

I have read and understand the terms and conditions of the tennis centre.

Signed _____ date ___/___/___

Please be assured that we will not pass on your information to any third parties. However, If you would rather not receive emails about WTW courses and events please tick here

For Office Use:

PAYMENT METHOD: Cash Cheque Credit card Payment Date: ___/___/___

CARD ISSUED: YES / NO WAITING LIST: YES / NO
Card Number _____ Database Updated: YES / NO

Processed by _____ Date Processed ___/___/___

See: www.willtowin.co.uk for more details