



ASHBY CASTLE LAWN TENNIS CLUB

Affiliated to the Lawn Tennis Association

Courts & Clubhouse: South Street, Ashby-de-la-Zouch, Leicestershire LE65 1BR

Website: www.acltc.co.uk Tel: 01530 414807

Benefits of Membership include:

- Use of the courts & facilities at ACLTC
- Reduced coaching fees
- Enter Club Tournaments & represent Club Teams
- Entry into the Wimbledon ballot
- Obtain free British tennis membership

To register log onto www.lta.org.uk/membership

Title _____

Surname _____

First name(s) _____

Address _____

Postcode _____

Date of Birth _____

School _____

Telephone _____

Mobile _____

E-Mail _____

British Tennis Membership No _____

Membership runs from 31st March 2019 to 31st March 2020. Please tick the appropriate box:-

<u>Category</u>	<u>Fee</u> (To be paid by 31.3.2019)	<u>Enter</u>
Junior (Under 10) <small>Born on or after 01/09/2008</small>	£32	
Junior (10-18) <small>Born on or after 01/09/2000</small>	£59	
Social Member Parent/Guardian	£10	
Parent Member	£54	

Information on this form will be used in accordance with the Data Protection Act.

Please pay electronically to the account below, leave your name as reference and return this form to Ian Randon either by post or preferably e-mail to ianrandon@yahoo.co.uk

Account No: 88310426 Sort code: 60-01-20
Payee - Ashby Castle Lawn Tennis Club

If paying by cheque please make cheques payable to Ashby Castle Lawn Tennis Club and return with a completed form to Ian Randon. 30 Frank Bodicote Way Swadlincote, Derbys. DE11 8JX. 07815-693339

Emergency Contact Details:-

Title _____

Surname _____

First name _____

Telephone _____

Mobile _____

Medical Conditions and Allergies

It would be helpful if you could advise us of any special care needs, medical conditions, dietary requirements or allergies. Please use overleaf.

Parent / Guardian Declaration - Essential if applicant is under 16 years of age

By signing & returning this form, I agree to the applicant named taking part in the general activities of the club.

I consent to him/her being included in photographs taken informally by members or other parents at the club for use on the ACLTC website/facebook. Please circle

Y / N

To my knowledge, he/she has no medical conditions or allergies other than those declared on this form overleaf.

I understand that I must inform the club of any changes to the information provided on this form

I hereby apply for membership of Ashby Castle Lawn Tennis Club for the person detailed in this form and agree to abide by the Club Constitution & Rules. (I understand that my application may well be subject to review & that all fees will be returned in the event of my application being rejected).

Signature of Parent or Guardian

Print name _____

Date _____



Special care needs, medical conditions, dietary requirements or allergies.