

APPLICATION FOR MEMBERSHIP

Snitterfield Tennis Club aka Snitterfield Tennis 2000 Club (STC) is a section of Snitterfield Sports Club Ltd

Season 2024 / 2025

PLEASE INDICATE APPROPRIATE CATEGORY AND RETURN YOUR COMPLETED FORM TO:

ANNIE LINFORD | Brook House | School Road | Snitterfield | CV37 0JL | TEL: 01789 731826 | sglinford@aol.com

Your **ANNUAL SUBSCRIPTION** includes Social Membership of the Sports Club (which means you will receive important communications from time to time with member updates) and our Public Liability Insurance which extends to include member to member liability.

PLEASE CHOOSE YOUR CATEGORY CAREFULLY:

MEMBERSHIP CATEGORY	PRICE	TICK ALL THAT APPLY
Adult (25 and over)	130.00	
2 Adults living at the same address	195.00	
Young Persons (18-25)	55.00	
Juniors - under 18 on 1/04/24	45.00	
Family Memberships		L
1 Adult & children under 18 on 1/04/24	145.00	
2 Adults & children under 18 on 1/04/24	210.00	
TOTAL DUE		

PLEASE PAY MEMBERSHIP FEES BY 1st APRIL 2024 AND RETURN LAST YEARS KEY IF YOU HAVE ONE

I enclose cash £..... or I have paid online by debit/credit card or by internet transfer to Lloyds Bank Plc.

MEMBER INFORMATION

Name	D.O.B	Home Phone	Mobile	E-mail	Y/N
1					
2					
3					
4					
5					
		Would you like y address to be c	our name, telepho irculated to other	one number, mobile numbe club members?	er and email

Address			
	Ро	ostcode	

Please sign below to confirm that you have read and understood the Privacy Policy that can be found on our website: https://clubspark.lta.org.uk/Snitterfieldtennisclub			
SIGNED	NAME	DATE	

USE OF IMAGES CONSENT FORM (PHOTOGRAPHY & FILMING)

I/WE give permission for everyone named overleaf other than Under 18's to be involved in any publicity (including photos/videos surrounding any event or publication that Snitterfield Tennis Club becomes involved with provided guidelines "STC Photography & Filming Policy" are adhered to.

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Exclusions if any		
	Signed:	Signed:
	Date:	

UNDER 18'S

Please provide details of a parent or guardian that we can contact in the event of an emergency.

Name		Address:	
Relationship to Child/Children			
Special Requirements Please describe any special care needs, dietary requirements, allergies or medical conditions.	Postcode:		
	Tel:		
		Mobile:	
		E-mail:	
		Privacy:	Would you like your name, telephone number, mobile number and email address to be circulated to other club members? YES NO

PARENT / GUARDIAN DECLARATION

By signing and returning this form, I agree to (child / children's name(s))

taking part in the general activities of the club. We have read and agree to follow the "STC Safeguarding and STC Photography &
Filming Policy". To my knowledge he / she has no special care needs, dietary requirements, allergies or medical conditions that could
affect his / her safety at the club, other than those declared on this form. I understand that in the event of any injury, illness or other
medical need, all reasonable steps will be taken to contact me, and to deal with the situation appropriately. I understand that I
must inform the club of any changes to the information provided in this form.

Signed:	 Date:
Name:	

STC Safeguarding, Diversity & Inclusion, Photography & Filming, Whistleblowing and Privacy Policies can be found on the club noticeboard and website: https://clubspark.lta.org.uk/Snitterfieldtennisclub