VT Tennis Center
Membership Form 2017-18

Name (s)_____
(Last) (First)

Home Address _____

Town/City/Zip _____

Phone (cell) _____ (work) _____ (home) _____

Email Address _____

MEMBERSHIP STATUS:

VT Faculty/Staff _____ General Public _____ Family Membership _____ Junior Only _____
($70) ($85) (VT - $90) (GP - $110) ($50)

SEASON RESERVATIONS (for which you are paying all or a share of the court fee)

1. Day of the week Court # Time (am/pm)

   _____ _____ _____

   Group name or name or organizer _____

2. Day of the week Court # Time (am/pm)

   _____ _____ _____

   Group name or name or organizer _____

3. Day of the week Court # Time (am/pm)

   _____ _____ _____

   Group name or name or organizer _____

VT Use Only: Date paid: _____

Amount: _____

By: _____