

SUTTON RACQUET CLUB – 2010 TENNIS SEASON

3101 New Mexico Avenue N.W. Washington, DC 20016

Telephone: 202-966-6428

MEMBERSHIP INFORMATION

NAME:

HOME PHONE:

OFFICE PHONE:

ADDRESS:

EMAIL ADDRESS

RATE YOURSELF: BEGINNER/ INTERMEDIATE/ ADVANCED

MEMBERSHIP FEES

<input type="checkbox"/>	INDIVIDUAL MEMBERSHIP \$250.00	<input type="checkbox"/>	FAMILY MEMBERSHIP \$200.00 FOR EACH ADDITIONAL PERSON - \$630.00 MAXIMUM FEE	<input type="checkbox"/>	OPTIONAL GUEST FEE \$150.00
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ADDITIONAL FAMILY MEMBERS

NAME:

NAME:

TOTAL NUMBER OF PAYING MEMBERS (CHILDREN UNDER 13 FREE)

MEMBERSHIP AGREEMENT

I/We hereby apply for admission to membership at Sutton Racquet Club. To the best of my knowledge, I have no disability, impairment or ailment, which will prevent me from engaging in active or passive exercise which will be detrimental or inimical to my health, safety or physical condition if I do participate. I understand that all persons using the facility and club services, including lessons, do so at their own risk. I will read the posted Club Rules and Reservation System Rules and I hereby agree to abide by them as they may be amended from time to time.

I waive and release Yann Auzoux and Ben Bogounoff (Tennis Pros), the Sutton Racquet Club, Sutton Towers Condominium Association, Inc., Sutton Place Condominium Association, Inc., their Board Members, employees, and agents from any claim for personal injury, property damage or death that may arise from my use of the facilities or from my participation in the activities or instruction. I am a competent adult and I assume the risks of my own free will.

I hereby grant the tennis pro and / or employees of the Sutton Racquet Club permission to release my name and telephone number to members of the Sutton Racquet Club, when they appear in person, for the purpose of finding tennis partners with whom to play. I understand the release of my telephone number is done at my sole risk. The Sutton Racquet Club, Sutton Towers Condominium Association, Inc., Sutton Place Condominium Association, Inc., their Board Members, employees and agents assume no responsibility for the release of my telephone number(s). I further agree to make no claim against any of the above – named parties for any consequence for such release.

DATE:

SIGNATURE:

TELEPHONE NUMBER:

DATE:

SIGNATURE:

TELEPHONE NUMBER:

PAYMENT RECEIVED

AMOUNT:

CHECK NUMBER:

ACCEPTED BY:

DATE:
