Benicia Community Tennis Association (BCTA)
2010 Participation Application

Name: _____
PLEASE PRINT

_____ _____
Home Phone Cell Phone

_____
E-mail

_____
Mailing: Address Apt # City Zip

*Memberships are from January to December.
Individual = $15___ Family = $25___ + *League tennis facility fee = $10___
(per player/per team required for USTA team tennis only)

Send Check Payable to: BCTA
P.O. Box 1651
Benicia, CA 94510
Fax# 707-748-5795

Payment: Cash Check#_____
Paypal_____

For info: Jennifer Caruso jenniferccaruso@comcast.net

Player #1
Current USTA member: YES __ NO __
Current USTA / NTRP rating: ___

Player #2
Current USTA member: YES__ NO__
Current USTA / NTRP rating: ___

I prefer to play (circle one) singles doubles both

If checked doubles I prefer deuce court add court either

I fully waive the Benicia Community Tennis Association, their officers, members, representatives, and agents from all liability to me and from all claims and demands extending from personal injury, damage, or loss sustained or incurred by me resulting from my participation in any organized teams or social event sponsored and supervised by the Benicia Community Tennis Association. This waiver shall remain in effect so long as the member is active and in good standing.

Each member must sign or application will be returned.

Signature: _____ _____
(player 1) (date)

Signature: _____ _____
(player 2) (date)

**Family Memberships: _____
Please list additional name