

Benicia Community Tennis Association (BCTA) 2008 Participation Application

*January 2008 to December 2008

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

Payment: Cash

Check#_____

P.O. Box 1651

Benicia, CA 94510

For info:

Jennifer Caruso jenniferccaruso@comcast.net

or President: Harrison McUmbert: eyeontheball@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.

Each member must sign or application will be returned.

Signature: _____

(player 1)

(date)

Signature: _____

(player 2)

(date)

**Family Memberships: _____

Please list additional name