



SHOOTERS HILL LTC LTD

Lowood, Eaglesfield Road, London SE18 3DA

PARENT MEMBERSHIP APPLICATION FORM 2017-18
From 1.4.17 to 1.4.18
£40

Full Name: _____

Address (incl. Postcode): _____

Telephone: _____

E-mail: _____

This membership is for parents who wish to use the courts to play tennis with their child. It is agreed that this can only take place when the coach has given permission and the coach is present. It **does not** mean that parents can use the courts at any other time. This membership allows parents and their child to use the courts if other full members do not want to use the courts. In this case, full members both adult and junior take priority

By signing below, I agree to: -

a) Abide by the Rules and regulations of the club available to view in club house or on website.

www.shootershilllawnclub.co.uk

(Membership is non-refundable)

Signature: _____ Date: _____

Please indicate if you have any medical conditions the club should know about below:

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Please make cheques payable to SHLTC LTD and send them to:
Mrs C S Ratcliffe, 118 Earlshall Road, Eltham SE9 1PR. If you wish to pay by BACS, please email: secretary@shlhc.info and details will be sent to you.

A completed form is still required. You will not receive a tag but will appear on the membership list in the clubhouse and receive emails re website update.