**TENTERFIELD DISTRICT TENNIS ASSOCIATION INCORPORATED**

**Registration Fees**

**Adult: $30.00** □ TBC membership □(Yes/No)

**Juniors: $20.00** □

**Non playing member: $10.00** □ TBC membership □ (Yes/No)

NAME OF MEMBER ADDRESS

………………………………………………………………… …………………………………………………………….

DOB: PH

EMAIL:

**All players must be registered with the Association to be permitted to play in competitions conducted by the Association as to participate in other Association activities.**

**Indemnity:**

I **request** that my registration be accepted.

I **accept** that I will be participating in Association matches and activities and that no Member of the Association is to be held responsible for any injury accident or contingency which I may suffer.

I **accept** that no Member of the Association is to be held responsible for an injury accident or contingency that may occur off the Court.

**SIGNATURE OF MEMBER ……………………………………………………………..**

**SIGNATURE OF WITNESS ………………………………………………………………**

**Date:……………………………………..**

TO:

The Honorary Secretary,

Tenterfield District Tennis Association Incorporated,

PO Box 212

Tenterfield NSW 2372