

IDLE HOUR MEMBERSHIP APPLICATION

Sponsor:			Date:		
			the Pro-Shop or mail your a ester Heights, PA 19017	application with	check, made
Check	Membership (Category			Annual Fee
	Regular/Senior Member				\$410
	Family Membership (2 adults living in same house)				\$750
	Family Membership (2 adults living in same house with 1-4 children)			en)	\$765
	Family Membership (1 adult with 1 child)				\$425
	Junior not related to member (under age of 24)				\$50
Player 1:	Gender D	ate of Birth	USTA Rating:	_ USTA #:	
Name					
Address _					
City			State	Zip)
Primary F	Phone		Secondary Phone		
E-mail:					_ (print legibly)
Player 2:	Gender	_ Date of Birth	Phone:		
Name			USTA Rating:	USTA #:_	
E-mail:					_ (print legibly)
Player 3:	Gender	_ Date of Birth	Phone:		
Name			USTA Rating:	USTA #:_	
E-mail:					_ (print legibly)
Player 4:	Gender Date of Birth		Phone:		
Name			USTA Rating:	USTA #:_	
E-mail:					_ (print legibly)

Application Information:

- 1) When your application and check are received, your name will be posted at the club for 5 days and presented to the Board.
- 2) The Membership Chair will notify you of the Board's decision.3) Please review the club's "Rules and Regulations" at www.idlehourtennis.com.
- 4) For more information, contact membership@idlehourtennis.com or call Pat DeHaven 610-999-1668.