2010 ACTA Individual / Family Membership Application

"Proudly serving the Algonquin area for over 10 years"

Name: _____ Spouse: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____

Children: 1. _____ Age: _____ M/F

2. _____ Age: _____ M/F

3. _____ Age: _____ M/F

4. _____ Age: _____ M/F

The following programs are available: See our website at www.algtennis.org for more information.

Women's Singles Women's Doubles Men's Singles Men's Doubles

Tennis Lessons:

Adult Lessons H.S./M.S. Lessons Youth Lessons Pee Wee Lessons

Future Special Events: Circle if you would be interested in participating.

Mixed Doubles Mixer Men's Singles Tournament Women's Singles Tournament Men's Doubles Tournament Women's Doubles Tournament Youth Tournaments Youth Leagues

May we include your name and phone in an ACTA Membership Directory? Yes No

Email Directory? Yes No

Do you wish to help with the organization of the 10 year anniversary? Yes No

The following Waiver must be read and signed:

In consideration for participation in the Algonquin Community Tennis Association (ACTA), the undersigned participant(s) hereby understand(s) and expressly agree(s) to indemnify, release, and hold harmless ACTA its officers, directors, employees, agents, assigns and designees, from and against any and all liability, damage, loss, claims, demands, and actions of any nature whatsoever, which arise, or are claimed to arise out of, or are connected with any accident or occurrence which happens or alleged to have happened due to or is in any way related to said participant's taking part in the above referenced activity.

_____ _____

(Participant or Head of Family) Date

Make check(s) Payable to ACTA - Annual Family Fee $10.00