**Visitation Tennis Club Membership Application**

Date:\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependents (players under the age of 21):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Memberships will be accepted on a first-come, first-served basis until our quota is filled. Membership fee must accompany your application. Membership fee is non-refundable and non-transferable.

I hereby apply for membership in the Georgetown Visitation Tennis Club for the upcoming season and agree to abide by all the club’s regulations. I also agree that Georgetown Visitation Preparatory School and their successors, assigns, agents, trustees, officers, and employees shall not be responsible for any loss, damage, injury, death or liability to users, guests or any other persons entering the Visitation property and facility under this agreement, or to its/their property, for any cause or reason whatsoever.

Membership Family: $400 Single: $325

Enclosed is a check for\_\_\_\_\_\_\_\_\_\_\_.

Please make check payable to Georgetown Visitation.

Send to: Georgetown Visitation Tennis Club

c/o Mary Anne O’Donnell

1524 35th Street, NW,

Washington, DC 20007