



**City of Cape Coral
Parks & Recreation Department
Cape Coral Yacht & Tennis Club
Tennis Membership Application**



***Annual Memberships are from October 1, 2015 through September 30, 2016**

<input type="checkbox"/> UFTA Membership	Single \$25	<input type="checkbox"/> UFTA Membership	Double \$50
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Classification: (Select One)

City of Cape Coral Resident	Annual Fee	Non-Residents of Cape Coral	Annual Fee
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<input type="checkbox"/> Resident Single (1)	\$300	<input type="checkbox"/> Non-Resident Single (1)	\$400
<input type="checkbox"/> Resident Couple (2)	\$475	<input type="checkbox"/> Non-Resident Couple (2)	\$600
<input type="checkbox"/> Resident Senior Single (65+)	\$275	<input type="checkbox"/> Non-Resident Senior Single (65+)	\$375
<input type="checkbox"/> Resident Senior Couple (65+)	\$400	<input type="checkbox"/> Non-Resident Senior Couple (65+)	\$500

Seasonal Rates October 1, 2015 – March 31, 2016 (6-months)

<input type="checkbox"/> Resident Single (1)	\$200	<input type="checkbox"/> Non-Resident Single (1)	\$275
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Seasonal Rates January 1, 2016 – March 31, 2016 (3-months)

<input type="checkbox"/> Resident Single (1)	\$150	<input type="checkbox"/> Non-Resident Single (1)	\$200
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Name:	(Couple Membership) Name:
Address	City
State:	Zip-code:
Home Phone: ()	Spouse Cell Phone: ()
Cell Phone: ()	Spouse Work Phone: ()
Work Phone:	Emergency Contact:

In consideration of the acceptance of my application for the Cape Coral Yacht & Tennis Club Membership application, I hereby release and hold harmless the City of Cape Coral Parks and Recreation Department, its offices, employees, and all independent contractors hired by the City to perform tennis instruction, match play and the City of Cape Coral for all claims and demands of every kind, nature and character that myself, spouse and/or children listed above, may acquire for any and all damages, losses or injuries that may be suffered or sustained by any of them in connection with tennis instruction and any play. I understand that engaging in tennis instruction and play may result in a number of possible injuries or medical issues. I certify that my Spouse, children, or I have any known medical conditions that might be adversely affected by participation at the Cape Coral Yacht and Tennis Club. I give full permission to any and all of the foregoing to use photographs, video tapes, recording, or any other record of this event for legitimate purposes.

Office Use:	Total Payment\$	Effective:	Expires:
Check #	Visa/MC/Amex #	Expires:	
Rec Trac Receipt #		Processed by:	

***Memberships will expire on September 30. Prices include tax.**

Signature_____ Date_____