

Seattle Pacific Table Tennis Club 欣然乒乓球俱乐部

MEMBERSHIP AND STUDENT REGISTRATION FORM



First Name _____; Last Name: _____

Birthday: ___/___/_____ Gender: M / F

Address /City /State: _____

Cell /contact Tel no. _____ Email: _____

Driver License/Photo ID: _____ Referred by: _____

Fee Schedule: (please check applicable one)

***** ALL PREPAID ANNUNAL MEMBERSHIP subject to 15% discount*****

- | | |
|---|----------------------------------|
| _____ ADULT | \$ 45/monthly |
| _____ JUNIOR (under 17) | \$ 28/monthly |
| _____ FAMILY Pack (at least one adult + add on) | \$ 45/monthly + \$25 (add-on) |
| _____ DROP-IN | \$ 8 per day |
| _____ SENIOR (over 62) | \$ subject to additional 10% off |
| _____ LESSON (Private/Group) | \$ <u>Refer to fee schedule</u> |

Note: Monthly Membership due are ONLY taken by credit card as recurring charge.
Allow 1-month notice for membership cancellation. (refund prorated by month)

I/our organization agree (s) to abide by all the SPTTC rules and regulations and I/we hereby release the SPTTC from liability for loss, damages or injury that may result from my/our participation in any and all SPTTC activities. SPTTC reserves rights to change Open play schedule and all fees without prior notice.

Signature of Applicant: _____, dated _____

Signature of Parent or Guardian (in case of Minor): Emergency contact: _____
_____, dated _____

FOR OFFICE USE ONLY:

Date received: _____; Photo Taken Yes _____ No _____

Date of approval: _____; Membership no. _____

Date key tag issued: _____; Keytags no. _____