RANCHO PENASQUITOS TENNIS CENTER

12350 BLACK MOUNTAIN ROAD
SAN DIEGO, CA 92129
(858) 484-0745
Office@rptctennis.com

NEW MEMBERSHIP APPLICATION

NAME:_____HOME PHONE: _____

ADDRESS:_____

CITY_____STATE_____ZIP_____

E-MAIL ADDRESS:_____ PLEASE PRINT E-MAIL ADDRESS CLEARLY!!

May we list your e-mail on Members' roster? **Yes** **No**

Do you want to be notified of Club activities via e-mail? **Yes** **No**

How did you find out about RPTC?

Circle Type of Membership Desired:

Single (adults 18 & older) **Junior** (18 & under) **Family** (Parents & children under 18 only) **Senior Single** (65 & older) **Senior Couple** (Both 65 & Over)

Member's Name: (only tennis playing)	**Birthdate:**	**Level of Play**	***Interest:** (Circle)
			S N L D T W R
			S N L D T W R
			S N L D T W R
			S N L D T W R
			S N L D T W R

***Interest:** S = SOCIALS L = LEAGUES T = TOURNAMENTS R = LESSONS
N = NIGHT PLAYER D = DAY PLAYER W = WEEKEND PLAYER

Print out this form and return with Initiation and Membership Fee

As members, you agree to obey all rules and regulations governing the Rancho Penasquitos Tennis Center.
MEMBERSHIP FEES ARE NON-REFUNDABLE.

Signature_____

OFFICE USE:	**MONITOR'S USE ONLY**
Membership #_____	Initiation Fee:_____
Date Entered: _____	Membership Fee:_____
Membership Card Made:_____	Date Received:_____
GoDaddy:_____	Date Packet Given _____
Exp.Date_____	Registered for password:_____