



Waiting List Application Form Adults Only

Date of Application: (mm)____(dd)____(yyyy)____
Date Received: (mm)____(dd)____(yyyy)____

Courts and Club House Location

40 Montgomery Road
(behind Memorial Pool)

Mail to:

CTC Registration
125—720 King St W., Suite #413
Toronto, ON M5V 3S5

Visit our website: www.centraltennisclub.com

membership@centraltennisclub.com

PLEASE PRINT

First Name: _____ Level of Play: _____

Last Name: _____ Gender: M F

Home Address: _____

City: _____ Postal Code: _____

Home Phone: (____) _____ Business Phone: (____) _____

EMAIL Address: _____ (please write clearly)

(for our information only—will not be given to other sources)

For additional **adults** fill in below

First Name: _____ Level of Play: _____

Last Name: _____ Gender: M F

Business Phone: (____) _____

EMAIL Address: _____ (please write clearly)

(for our information only—will not be given to other sources)

WAITING LIST FEE: \$30.00 PER ADULT

When admitted to the Club, the waiting list fee will become the Initiation fee.

The waiting list fee will not be refunded should you decide not to join, when space becomes available.

Please make your cheque for \$30.00 (per adult) payable to:

CENTRAL TENNIS CLUB, and mail to the address above.

Signature: _____

Courts and Club House:

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5