



Junior Member's Details

Surname: Forenames:

Date of Birth: M/F

LTA Rating (if known).....

Address:

Post Code Tel No.....

School Attended

Any medical conditions that Coaches should be aware of

Emergency Contact

Name:..... Tel No.....

Address if different from above:

Parent's/Guardian's Signature:

..... Date Signed:.....

Please return your completed form and your membership fee to:

Mr Mike Reynolds (Secretary)
Gorleston Lawn Tennis Club,
Orde Avenue
Gorleston
Gt Yarmouth
NR31 6SZ
Email: miketennis1@gmail.com

Please make cheques payable to Gorleston LTC.

Please indicate if this is part of a family application..... Yes/No