Roxbury Swim and Tennis Club Application for Seasonal Paddle Tennis Membership

TYPE OF MEMBERSHIP (select one):

Applicant Name(s):				
Street Address:				
City:	State:	Zip Code:		
Phone:	E	-mail:		
List ALL applicants (ma	aximum 2 adults, and chil	dren under the age of 25, living in the sa	ame household).	
Adult 1:		E-mail:		
Adult 2:		E-mail:		
Child 1:		Birthdate:		
Child 2:		Birthdate:		
Child 3:		Birthdate:		
Child 4:		Birthdate:		
Child 5:		Birthdate:		
Child 6:		Birthdate:		
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I/We hereby apply	for a seasonal paddle t	ennis membership in the Roxbury S	wim & Tennis Club Inc.	
		Signature 2		

Mail Application & Payment to: Roxbury Swim & Tennis Club | 240 Roxbury Road | Stamford, CT 06902