**Benicia Community Tennis Association** (**BCTA**)

**2022 Participation Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print, First Name and Last Name

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone Cell Phone

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing: Address Apt # City Zip

 Individual = $25 Payment: Cash\_\_\_\_\_\_\_ Check#\_\_\_\_\_\_\_\_ Paypal\_\_\_\_\_\_\_\_

 Send Check Payable to: BCTA

 P.O. Box 1651

 Benicia, CA 94510

Current USTA member: YES \_\_ NO \_\_

Current USTA / NTRP rating: \_\_\_

 I prefer to play (circle all that apply): singles doubles mixed doubles

I fully waive the Benicia Community Tennis Association, their officers, members, representatives, and agents from all liability to me and from all claims and demands extending from personal injury, damage, or loss sustained or incurred by me resulting from my participation in any organized teams or social event sponsored and supervised by the Benicia Community Tennis Association. This waiver shall remain in effect so long as the member is active and in good standing. *Memberships are calendar year-based, from January through December.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 date

Application must be signed or it will be returned.

*For more info: JoJo Donetti-* *jdonetti@gmail.com*