

# *Ridgefield Tennis Club*

## **FALL/WINTER MEN'S LEAGUE**

We are currently taking deposits for our *2010-2011 Fall/Winter Men's League*. Please complete the form below including your information as well as your payment option for the 2010-2011 billing.

**Cost of league is \$1450 for the 37 week season.**

Any questions regarding the Men's League should be directed to **Glen McMurdo**, League Coordinator.  
*Thank you.*

*A \$150 non-refundable deposit is required for each registration.*

Our 37-week session runs September 9, 2010 through Jun 12, 2011.

**(No play 11/25 -11/28 & 12/21 - 01/02 & 5/30)**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell # \_\_\_\_\_

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Please check and sign which payment plan you prefer for the 2010-2011 season. Credit card or checking account must be on file:

Credit card # \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

- I authorize Ridgefield Tennis Club to charge my Fall/Winter 2010/2011 tennis activities on **AUTOPAY** (balance of clinic divided into 6 monthly payments starting 9/1/10 with NO INTEREST!).

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I agree to pay in **FULL** for all my Fall/Winter 2010/2011 tennis activities by August 15<sup>th</sup>, 2010. I understand if I do not pay in full by August 15<sup>th</sup>, my house credit card will be charged in full September 1<sup>st</sup>, 2010.

Signature \_\_\_\_\_ Date \_\_\_\_\_