



ATS MEMBERSHIP

2017 Application Form

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____ CITY/TOWN _____ STATE _____

ZIP _____ COUNTY _____ EMAIL _____

PRIMARY CONTACT PHONE _____ CELL _____

HOME _____ WORK _____ OTHER _____

ADULTS OVER 18: DATE OF BIRTH: M/D/YYYY ____/____/____ AGE _____

JUNIORS 18 AND UNDER: DATE OF BIRTH: M/D/YYYY ____/____/____ AGE _____

JUNIORS: UNLESS YOU SPECIFY OTHERWISE, WE WILL ASSUME YOU ARE ONLY GOING TO ACCUMULATE POINTS IN THE JUNIOR EVENTS. IF YOU WISH TO ALSO SCORE POINTS IN THE ADULT EVENTS, PLEASE INDICATE BELOW:

I WANT TO EARN POINTS IN THE FOLLOWING ADULT DIVISIONS: ____ SINGLES. ____ DOUBLES. ____ MIXED DOUBLES.

(REMEMBER, YOU CAN ONLY EARN POINTS IN A MAXIMUM OF THREE DIVISIONS, JUNIOR AND/OR ADULT).

ADULTS: SELECT THE NTRP (NATIONAL TENNIS RATING PROGRAM) LEVEL THAT YOU WILL BE COMPETING IN THIS SEASON:

____ (A = 4.0 & OVER), _____, (B = 3.0 & 3.5) _____, (C = 2.5 & BELOW)

MEMBERSHIP REGISTRATION FEE FOR THE 2016 SEASON IS \$25.00 WHICH ENTITLES YOU TO ACCUMULATE POINTS IN UP TO THREE (3) DIVISIONS: (i.e. SINGLES, DOUBLES, OR MIXED DOUBLES).

ATS OFFICIAL COMPLETE ITEMS BELOW:

Name of Official Handling this Application: X _____ APPLICATION DATE: ____/____/____ 2017

AMOUNT PAID \$ _____ CASH _____ CHECK _____ BOTH _____ CHECK AMT. ____/____

CHECK NO. _____ CASH AMT. _____ TOTAL \$ _____

ARE YOU A NEW MEMBER OR RENEWAL?

OLD MEMBER ID: _____

\$25.00

Membership Fee

SEASONAL

EXP. DECEMBER 31, 2017

____ NEW MEMBER _____ (OR) RENEWAL

NEW MEMBER ID: _____

PLEASE CHECK A DIVISION: Northern Division _____ Southern Division _____

VISIT OUR WEBSITE

www.atstennis.net

for

"ATS General Rules"

SEND APPLICATION WITH PAYMENT TO:

JIM VANOVER % CATHY JUSTICE
152 THIRD ST.
PIKEVILLE, KY 41501

606-794-4161 - CELL

606-437-7847 - FAX

jvanover@vhblaw.com

