

**VISITATION TENNIS CLUB MEMBERSHIP APPLICATION**

DATE: \_\_\_\_\_  
YOUR NAME: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME TEL. # \_\_\_\_\_  
OFFICE TEL. # \_\_\_\_\_  
CELL # \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Dependents (up to age 21) who will be using the courts:

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

Memberships will be accepted on a first-come, first-served basis until our quota is filled. Your membership fee must accompany the application. Membership is nonrefundable and non-transferable.

I hereby apply for membership in the Georgetown Visitation Tennis Club for the upcoming season and agree to abide by all the club's regulations. I also agree that Georgetown Visitation Preparatory School, GMH Enterprises, Inc. and their successors, assigns, agents, trustees, officers, and employees shall not be responsible for any loss, damage, injury, death or liability to user, guests or any other person entering the Georgetown Visitation property and facility under this agreement, or to its/their property, for any cause or reason whatsoever.

Enclosed is a check for (family membership) \$375 or for (single membership) \$300.

Please make your check payable to Georgetown Visitation and return it to Mary Anne O'Donnell, or you may mail it to:

TenniStar  
2813 East-West Hwy.  
Chevy Chase, MD 20815

\_\_\_\_\_  
Print your full name

\_\_\_\_\_  
Signature