



TENNIS LEAGUES

PHONE NUMBER (Preferred) ______ (Alternate) _____

Address _____

LADIES \$75	MEN'S \$75	SINGLES (CO-ED) \$75
JUNE 6TH THRU AUGUST 29TH 2022	JUNE 7™ THRU AUGUST 30™ 2022	JUNE 10 [™] THRU SEPT 2 ND 2022
□LADIES MONDAYS 5:00PM RECREATIONAL PLAYERS	☐ MEN'S TUESDAYS 5:00PM RECREATIONAL PLAYERS	□SINGLES FRIDAYS 6:00PM RECREATIONAL PLAYERS
□ LADIES MONDAYS 6:45PM COMPETITIVE PLAYERS	☐ MEN'S TUESDAYS 5:00PM COMPETITIVE PLAYERS	COST INCLUDES ARTA MEMBERSHIP AND LEAGUE COURT TIME FOR 12 WEEKS. COST IS REDUCED TO \$50 IF YOU ARE REGISTERED FOR THE MEN'S OR LADIES LEAGUES ALSO
COST INCLUDES ARTA MEMBERSHIP AND LEAGUE COURT TIME FOR 12 WEEKS.	COST INCLUDES ARTA MEMBERSHIP AND LEAGUE COURT TIME FOR 12 WEEKS.	
☐ I AM INTERESTED IN SUBBING (NO COST TO SUB, AN ARTA MEMBERSHIP APPRECIATED-COST:\$25)	☐ I AM INTERESTED IN SUBBING (NO COST TO SUB, AN ARTA MEMBERSHIP APPRECIATED-COST:\$25)	☐ I AM INTERESTED IN SUBBING (NO COST TO SUB, AN ARTA MEMBERSHIP APPRECIATED-COST:\$25)
CONTACT LAURA HANSMANN AT 989.619.2629	CONTACT DAN HAWKINS AT 989-619.4148 DANTHETENNISCOACH@GMAIL.COM	CONTACT DAN HAWKINS AT 989619.4148 DANTHETENNISCOACH@GMAIL.COM
liability for accidents, injuries, loss of, and/or da at, listed activity(s). I/we are aware that there are own free will. PHOTO RELEASE: I, as a participant, give the releases, online and in other communications releases.	ree to release the Otsego County Sportsplex, its office mage to my/our person or property that may arise out certain risks or possible dangers in participating in the Otsego County Sportsplex permission to use any plated to the mission of the Otsego County Sportsplex.	t of my/our participation in, or my/our presence his activity. I have entered into agreement of my noto and/or video, taken in publications, news
SIGNATURE		
PAY	MENT IS DUE AT THE TIME OF REGIS	TRATION
WE ACC	EPT VISA/MASTERCARD, PERSONAL CH	ECKS & CASH
	n process Credit/Debit cards over	
	CHECKS PAYABLE TO: <i>OTSEGO COUNTY SP</i>	
	GORNICK AVE- PO BOX 1886 GAYLORD MI 4 1.3546 FAX: 989.731.0958 <u>www.OCS</u>	

(Office Use) Payment information: Method of payment _____ Date of payment _____ Rec'd by_____