



Facility Address:

Douglass Center
 512 E. Grove Street
 Champaign, IL
 Phone: (217) 621-8255
 Email: bryant@champaigntabletennis.com
 Website: www.champaigntabletennis.com

Champaign County Table Tennis Club Membership (CCTTC)

Please make checks payable to: CCTTC

Dues	Adult	College Student	Youth (17 & Under)
Annual	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Life	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1000

Walk-Ins \$5.00 per day

___ I am a Walk-In. I will abide by the rules of the club and sign any waiver forms, but waive all Membership rights at this time.

Name	Other Family Members for Family Membership
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address	
City, State, Zip	Home Phone:
Email 1:	Cell phone 1:
Email 2	Work or Cell phone 2:

I agree to abide by the Code of Conduct, rules and regulations of CCTTC. For the safety of my children and for the protection of CCTTC and its facilities, I understand that all minors at the Club have to be under parental or other adult supervision at all times. I agree to be responsible for the behavior of my children and for any children I bring to the Club and, if I do not personally stay with them, I will arrange for another adult, such as a coach, to substitute for me in their supervision.

Signature (Parent or Guardian if a Minor) _____ Date: _____