

Facility Address:

Next Generation School
 2521 Galen Drive
 Champaign, IL 61821
 Phone: (217) 621-8255
 Email: info@champaigntabletennis.com
 Website: www.champaigntabletennis.com



Champaign County Table Tennis Club Membership (CCTTC)

Annual payments cover 365 days. Monthly payments are due on the first day of the month. Partial months will be discounted pro rata.

Membership Dues

Please make checks payable to: CCTTC

Dues	Family	Adult	College Student	Youth (17 & Under)	TOTALS
Annual	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$
Semester	-	-	<input type="checkbox"/> \$40	-	\$
Month	<input type="checkbox"/> \$30	<input type="checkbox"/> \$20	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	\$
USATT Membership	See USATT Membership Application				\$
TOTAL DUE					\$

Walk-Ins

___ 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: _____