



# Friends of the Mel Stillman Community Tennis Center



## MEMBERSHIP INFORMATION AND APPLICATION

### 2024 Membership Rates

Opening Day (Mid-April) to Closing Day (Mid-November)

**NO COURT FEES, ALL COURTS MUST BE RESERVED IN ADVANCE**

**GUEST FEE OF \$10.00 PER GUEST**

	City of Boston Resident	Non-Resident
Single	\$135.00 _____	\$175.00 _____
Family	\$200.00 _____	\$235.00 _____
Junior (18 & Under)	\$60.00 _____	\$90.00 _____
Senior (60 & Over)	\$115.00 _____	\$150.00 _____
Student (19-25)	\$105.00 _____	\$140.00 _____

Name(s): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child Name & DOB \_\_\_\_\_ M/F \_\_\_\_\_ Child Name & DOB \_\_\_\_\_ M/F \_\_\_\_\_

Child Name & DOB \_\_\_\_\_ M/F \_\_\_\_\_ Child Name & DOB \_\_\_\_\_ M/F \_\_\_\_\_

Amount Due \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Check \_\_\_\_ (please make payable to **Friends of MSCTC** and mail to Susan Wynn, 254 Main Street, Charlestown, MA 02129)

The application is factual and completed to the best of my ability. I, on behalf of myself/ourselves, my/our heirs, executors, administrators and assigns, hereby waive and release any and all rights, causes of action, and claims for damages I may hereafter have against the City of Boston, Friends of MSCTC, and any and all other associated individuals, firms corporations or organizations ("the Releases") of and from and any and all actions, causes of action, claims or demands for damages, costs, loss of services, expenses, compensation and consequential damages including any and all personal injuries or property damage resulting from my participation in any activity promoted, organized or facilitated by the Releases, including but not limited to tennis activities taking place at the Mel Stillman Community Tennis Center ("the Activity"). My signature indicates that I have read and understand the above release that I am in good health and am able to participate in the Activity.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(For Jr. Members under 18 whose parent(s) or guardian(s) are not members)

Please email completed form to [stillmantennisrsvp@gmail.com](mailto:stillmantennisrsvp@gmail.com) or mail to Susan Wynn, 254 Main Street, Charlestown, MA 02129

Mailing Address  
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[stillmantennisrsvp@gmail.com](mailto:stillmantennisrsvp@gmail.com)  
617.306.4127