Tega Cay Croquet Club

Mailing Address: TCCC c/o Terry Hunt, Treasurer 994 Knob Creek Lane Tega Cay, SC 29708



Website: www.tegacaycroquet.com

Application for Annual Membership

(Club fiscal year is from October 1 to September 30.)

I am applying for the following type of annual membership:

_ Adult (Age	s 19 and	older)
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____ Junior (Ages 8 to 18) TCCC Family Member: ______

(Parent or Grandparent)

By my signature below, I hereby apply for membership in the *Tega Cay Croquet Club*. As an Annual Member of the *TCCC*, I agree to conform to, be bound by, and adhere to the General Rules of the *Tega Cay Croquet Club*.

Name:	_Date	DOB (for Juniors o	nly)
Parent or Guardian (if age 8 to 18):		Da	ate
Member Contact Information: (pleas	se print)		
Name:			
Home Address:			
City/State/Zip Code:			
Email Address:			
Home Phone: Cell	Phone:		-

If you would like to join, fill out and send this Membership Application and a check for first year's dues to the address at the top or give to any TCCC Board Member. If you have questions about the *Tega Cay Croquet Club* (*TCCC*), contact Mike Kost at Phone: (803) 230-0359 or E-mail: mkost45@gmail.com. For further information about the Tega Cay Croquet Club, visit our website at www.tegacaycroquet.com.