



PLAYER INFORMATION FORM

4 Pheasant Run Road ~ Oxford, CT ~ 06478 (203)888-4839

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ CELL CARRIER: _____

E-MAIL ADDRESS: _____ DOB: _____

PICKLEBALL SKILL LEVEL: (circle one) 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

PREFERRED PLAY TIME: Morning Afternoon Evening Anytime Weekends

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____ RELATIONSHIP: _____

Open House Account:

() I am electing to open an Oxford Pickleball, LLC member house account and authorize Oxford Pickleball, LLC to ***AUTOMATICALLY CHARGE*** the above credit card on or about the 5th of each month for fees incurred during the previous month to my Oxford Pickleball, LLC member house account.

Name (as appears on card): _____

Billing Address (if different than above): _____

Card Number: _____ Exp. Date: _____ CVN: _____

Signature: _____ Date: _____