

Membership Rates

(HST included)

Our Payment Plan

	Oct 1 st	Dec 1 st	Feb 1 st
Single	\$339 or \$118	\$118	\$118
Husband & Wife	\$571 or \$197	\$197	\$197
Seniors (65+)	\$294 or \$102	\$102	\$102
Senior (70+)	\$147		
Full Time Students	Free (with valid student card) Also reduced court fees		

If payment plan is used, please include your post-dated cheques

- Pay full membership by September 15th and deduct 10% from your membership (if paid by cheque or cash)
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- **Snowbird Rates** – October 1 to January 1 – 50% of full rate (no Payment Plan)

Please note that all prices include HST

Memberships are Non-Refundable and Non-Transferable

CLUB HOURS and COURT FEES

	Non-Prime Time \$21.50 per hr (incl. HST)	Prime Time \$23.50 per hr (incl. HST)
Mon	1:00 pm – 6:00 pm	6:00 pm - 10:00 pm
Tue	9:00 am – 6:00 pm	6:00 pm - 10:00 pm
Wed	9:00 am – 6:00 pm	6:00 pm - 10:00 pm
Thurs	1:00 pm – 6:00 pm	6:00 pm - 10:00 pm
Fri	1:00 pm – 6:00 pm	6:00 pm - 10:00 pm
Sat		9:30 am - 4:00 pm
Sun		9:30 am - 4:00 pm

This Season

- There will be a 3% surcharge for any Visa, Mastercard, or Debit purchase
- The format for all evening and weekend leagues are as follows;
 - Singles leagues will cost \$257 per 12 week session
 - Doubles leagues will cost \$177 per 12 week session
 - League fees must be paid at the start of the session
 - Leagues start week of Oct 4th with Round Robin play
 - Limited spots are available and are secured with league prepayment

Upcoming Events

Wine and Cheese Social
Saturday October 16th

Upcoming socials will be announced at the Club

Prepayment

For your convenience, open a Court Fee Prepayment Account at the Desk.

Guests

Your guests are most welcome for a \$12 guest fee. (5-time limit per guest)

Membership Form

Post-Dated Cheques must accompany your membership form.

Add 3% surcharge for credit card payments.

Name: _____

Phone: Home: _____

Business: _____

Address: _____

City: _____

Postal Code: _____

Spouse: _____

Type of Membership: _____

E-mail: _____

Visa/MC #: _____

Expiry Date: _____

Emergency Contact Information

Name: _____

Phone: _____

Return Membership to

Kristine Atamanyk
65 Hunter Dr
Welland, Ontario
L3C 7L6

For office use only:

Date: _____ Fee: _____

Paid: _____ Owing: _____

Information from this form will be treated with appropriate privacy safeguards and will be shared with the Ontario Tennis Association