



Mel Stillman Tennis Center



MEMBERSHIP INFORMATION

Membership Rates 2017 - 2018

Pay Court Fees from Labor Day to Memorial Day, No Court Fees Memorial Day to Labor Day

	City of Boston Resident	Non-Resident
Single	\$300.00	\$400.00
Family	\$450.00	\$550.00
Jr. (18 & Under)	\$150.00	\$275.00
Senior (60 & Over)	\$250.00	\$350.00
Student (19-25)	\$220.00	\$295.00

Court Fees

Prime Time Hours

Monday – Friday, 4pm until Closing and all day Saturday & Sunday

Non-Prime Time Hours

Monday – Friday, Opening until 3pm

	Prime Time 1 Hour	Prime Time 1 ½ Hours	Non-Prime Time 1 Hour	Non-Prime Time 1 ½ Hours
Singles	\$30.00	\$45.00	\$20.00	\$30.00
Doubles	\$40.00	\$60.00	\$24.00	\$36.00
Guest Fee	\$10.00	\$10.00	\$10.00	\$10.00

All Guests must pay Guest Fee

Susan Wynn 617.306.4127 stillmantennisrsvp@gmail.com



CHARLESTOWN HEALTH & DEVELOPMENT



Mel Stillman Tennis Center



MEMBERSHIP INFORMATION

	Resident 2017 - 2018 <i>No Court Fees Memorial to Labor Day</i>	Non-Resident 2017 - 2018 <i>No Court Fees Memorial to Labor Day</i>
Single	\$300 ____	\$400 ____
Family	\$450 ____	\$550 ____
Jr. 18 & under	\$150 ____	\$275 ____
Sr. 60 and over	\$250 ____	\$350 ____
Student 19 - 25	\$220 ____	\$295 ____

Name(s): _____ Male: ____ Female: ____

Address: _____

Work #: _____ Cell #: _____ Email: _____

Spouse'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 **CHAD Inc.** 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, Boston Center for Youth & Families, CHAD, Inc. 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 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 or mail to Susan Wynn, 254 Main Street, Charlestown, MA 02129

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