



Kailua Racquet Club

Established 1938

Please email photo of
yourself and/or
Family to:
info@kailuaracquetclub.com

Application for Short Term Membership

Thank you for your interest in being a short-term member at Hawaii's premier tennis facility, the Kailua Racquet Club. We are a private, member owned club located in Kailua, Hawaii.

Please fill out and send in the completed application, email a photo to info@kailuaracquetclub.com and submit payment. Our courts are reserved on a "first come, first served" basis and member regulated. You will also need to schedule a short orientation before playing at the club.

APPLICANT INFORMATION

Name _____

Address _____

Street

City

State

Zip Code

Hawaii Address _____

Street

City

State

Zip Code

Cell phone _____ Home phone _____

Profession _____

E-mail address to use for club communications _____

Birthdate _____ Ability Level (NTRP) _____

SPOUSE'S INFORMATION

Name _____

Cell phone _____ Home phone _____ Work phone _____

Profession _____

E-mail address to use for club communications _____

Birthdate _____ Ability Level (NTRP) _____

Additional Family Members:

Name _____ Birthdate _____ Ability Level _____

Name _____ Birthdate _____ Ability Level _____

Name _____ Birthdate _____ Ability Level _____

Name _____ Birthdate _____ Ability Level _____

Please check the type of short-term membership that you are applying for:

_____ One Week: \$100

_____ Two Weeks: \$180

In case of emergency, contact _____ phone number _____

Orientation Time and Date _____ Authorized Initials when complete _____

Amount included with application: \$ _____

Please fill out the EFT form to have the charges taken out of your checking account on approximately the 25th of each month, include a “voided” blank check for routing information.

If approved, I agree to abide by the By-laws, House Rules and Tennis Rules now in effect, or which may be here-after adopted. In addition, I agree to pay my account in full each month, and to inform KRC in writing of any change of address.

If this account is not paid as agreed, and my account is placed in the hands of a collector and attorney for collection, I agree to pay, in addition, the principal and late fees, all cost of collection, including attorney fees.

Applicant's Signature

Date

Please check to confirm that you have everything completed!

___Contact information complete, ___Electronic photo submitted, ___Member Sponsor signature, ___Orientation scheduled,
___Money's enclosed, ___Signed and dated