

**Member/Guest Mixed Doubles
Sunday, June 13, 2010**

Your Name _____ male female

Phone (h) _____ (w) _____

Address _____

_____ ZIP _____

Your E-Mail _____

Your NTRP level: 3.5 4.0 4.5

Is partner a guest? Yes No

Partner Name _____

Partner E-Mail _____

Partner NTRP level: 3.5 4.0 4.5

Enclose:

1) Check payable to "Santa Monica Tennis Club" for **\$40 per team (\$20 per person)**

2) Stamped, self-addressed #10 envelope (not required if you furnish e-mail address)

Mail to:

Bill Nissley, 1122 Chelsea Ave, Santa Monica, CA 90403

May Friday Night Social

Reed Park - Friday, May 21, 2010

7:00-10:00 p.m.

Your Name _____

Phone (h) _____ (w) _____

Address _____

City _____ ZIP _____

Your E-Mail _____

NTRP Level: 3.0 3.5 4.0 4.5

Circle: Male Female

Enclose:

Check payable to "Santa Monica Tennis Club" for **\$12**

Mail to:

Joel Hoffman, 223 Palisades Ave., Santa Monica, CA 90402



June Friday Night Social

Reed Park - Friday, June 18, 2010

7:00-10:00 p.m.

Your Name _____

Phone (h) _____ (w) _____

Address _____

City _____ ZIP _____

Your E-Mail _____

NTRP Level: 3.0 3.5 4.0 4.5

Circle: Male Female

Enclose:

Check payable to "Santa Monica Tennis Club" for **\$12**

Mail to:

Joel Hoffman, 223 Palisades Ave., Santa Monica, CA 90402