



Central Kentucky Tennis Series

Membership Registration Form

LAST NAME FIRST M.I.

MEMBERSHIP TYPE (Single or Family) BIRTH DATE SEX

STREET ADDRESS

CITY STATE ZIP

HOME PHONE OTHER PHONE (specify: work, cell, etc.)

EMAIL ADDRESS (please print clearly)

LIST OTHER FAMILY MEMBERS WHO ARE PART OF YOUR FAMILY MEMBERSHIP:
(other tennis players in the immediate family living under the same roof)

*Make checks payable to CKTS.
For mail-in entries, send this form and a check to:
CKTS
P.O. Box 731
Russell Springs, KY 42642*