



Western Athletic Club GUEST COURTESY CARD

Please print information legibly. All information will be kept confidential.

Date: _____ Day _____ Time: _____ am/pm

Guest of (member's name) _____

Activity:

_____ Junior Clinic _____ Adult Clinic _____ Fitness Class _____ Fitness Center _____ Tennis w/member
_____ Tennis Lesson _____ Personal Training _____ School Match _____ School Practice

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell # _____

E-mail _____ Individual _____ Junior _____

Waiver:

I accept responsibility for my use of any and all apparatus, appliances, facility, privilege or service whatsoever, owned and operated at Western Tennis & Fitness Club at my own risk, and shall hold Western Athletic Club, its owners, shareholders, directors, officers, employer's representatives, and agents harmless.

Print Name _____

Signature _____

(Signature of Parent if individual is 17 or younger)