



CASTLEVIEW LAWN TENNIS CLUB

STAGE PAYMENT APPLICATION FORM 2020-2021

Member Details

Name(s): _____

Address: _____

Mobile: _____

Phone: _____

Email: _____

Stage Payment Plan:

Category	Stage Payments to be paid on or before:			
	May 1st	August 15th	November 15th	Total
Adult	€100	€60	€50	€210
OAP	€80	€40	€40	€160
2-parent family	€150	€125	€125	€400
1-parent family	€125	€80	€60	€265
Student	€70	€30	€30	€130

Category :

- Payment 1 Date:
- Payment 2 Date:
- Payment 3 Date:

Method of Payment:

Bank Transfer **Cash** **Cheque**

I/we agree to the payment of my/our 2020/2021 Membership Fees according to the details above, and I/we commit to the payment in full of all 3 stage payments on or before but not later than the dates specified above.

Signed by Member(s):

Signed on behalf of the Club:.....