



Sandwich Croquet Club

P.O. Box 284, East Sandwich, MA 02537-0284

www.sandwichcroquet.com
sandwichcroquet@gmail.com



Membership Form—2019

I/We wish to become Members of the Sandwich Croquet Club.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Seasonal Residence (if applicable): Date(s): _____

Address _____

City _____ State _____ Zip _____

Telephone _____

I would like to assist the Club in the following areas: ___ equipment, ___ courts, ___ public relations,
___ teaching, ___ tournament coordination, ___ planning social events, ___ communication,
other _____

Membership fee 2019: \$110.00 per member - \$110 x _____ (members) \$ _____

Optional donation for equipment and court maintenance \$ _____

TOTAL Enclosed: \$ _____

Please make check payable to: **Sandwich Croquet Club.**

Send to: Sandwich Croquet Club, P.O. Box 284, East Sandwich, MA 02537-0284

Thank you for your support!

Liability Statement:

I realize that injuries can occur from participating in sports and other activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Sandwich, Sandwich Recreation Department, Sandwich Croquet Club, their staff, assignee's and volunteers from any claim arising out of injury to me as a result of my participating in the above-named program.

Signature(s) _____ Date _____

(If you do not want your contact information to be shared with other members, please initial here: _____)