



Sandwich Croquet Club

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

www.sandwichcroquet.com

sandwichcroquet@gmail.com



Membership Form—2020

(Please Print)

I/We will be member(s) of the Sandwich Croquet Club.

Name(s) _____ Member(s) since _____

Address _____ Handicap _____

(N/A for new players)

City _____ State _____ Zip _____

Phone _____ Email _____

Cell Phone _____

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 2020: \$110.00 per member: \$110.00 x _____ (members) \$ _____

Optional: USCA Membership: \$55 individual _____ \$95 couple _____ \$ _____

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: _____)