

SPORTIME AMAGANSETT

2012 APPLICATION FOR MEMBERSHIP

PO Box 778 / 320 Abrahams Path / Amagansett, NY 11930
631-267-3460 (tel) / 631-267-1082 (fax) / www.SportimeNY.com



MEMBERSHIPS INCLUDE

- * Long season, April 28th – Oct. 28th
- * **Game arranging service** 7 days a week
- * **Hitters** available 7 days a week, Memorial Day through Labor Day
- * **Baby-sitting** on weekend mornings, 9am—12pm, Memorial Day through Labor Day
- * Member-guest privileges at the rate of \$30 per guest per day until 12pm; \$20 after 12pm
- * Complimentary membership at all SPORTIME indoor tennis clubs from Apr 28th – Oct. 28th (must elect SPORTIME PLUS for access to Randall's Island)
- * Round-robins, tournaments, exhibitions, social events

FACILITIES, PROGRAMS & SERVICES

- * 23 beautifully-landscaped acres
- * **33 immaculate Har-Tru Courts**; all courts have divider fences, windscreens, gazebo seating areas and ice-water
- * **Heated, outdoor pool**
- * Men's and women's locker rooms; towel service
- * Diverse staff of top tennis professionals
- * Private and group tennis lessons and clinics
- * **Junior tennis programs** for kids of all ages and levels
- * **Tennis & Multi-Sport Camp** for kids 3-14 yrs
- * **WSI-certified swim** instruction; private and group lessons
- * **Pro shop** – rackets, tennis & active wear, 24-hour **stringing**
- * Full-service **snack bar**

SPORTIME PLUS AMAGANSETT MEMBERSHIP. Ideal for New Yorkers who spend weekends and summers in the Hamptons. SPORTIME PLUS Amagansett members enjoy full membership privileges at SPORTIME Amagansett (including pool access) and at SPORTIME Randall's Island, as well as reciprocal privileges at SPORTIME's many other tennis, fitness and sports locations. PLUS members will also **receive 10% off program, lesson and court rental fees at all SPORTIME clubs**, enhanced indoor tennis court reservation privileges, and more. PLUS members pay monthly dues and must commit to membership for a minimum twelve-month period. Simply check the box preceding this paragraph, and the box to the right indicating the PLUS membership type that you require. On the back, fill out the contact information only. Then mail or fax this application back to us, or just give us a call if you have additional questions about the PLUS upgrade process. We will then be in touch to complete the application process and to activate your PLUS membership!

FAMILY MEMBERSHIP. Includes two Full Memberships, two Pool Memberships and pool and tennis privileges for all children under 16 years of age. Unlimited play for adults at any time during the season; unlimited play for children when no adults are waiting for courts.

FULL MEMBERSHIP. Includes unlimited play for one adult at any time during the season.

OFF-PEAK MEMBERSHIP. Includes unlimited play for one adult, Mon-Fri, and play **after 12pm on Sat, Sun and holidays**, at any time during the season.

WEEKDAY MEMBERSHIP. Includes unlimited play for one adult, Mon-Fri only, excluding holidays, at any time during the season.

JUNIOR MEMBERSHIP. Includes unlimited play for one child 16-21 years of age, Mon-Fri and on weekends and holidays, when no adult members are waiting for courts.

POOL MEMBERSHIP. Includes use of pool from Memorial Day to Labor Day during posted pool hours. (9AM-6PM weekends; 12PM-6PM weekdays; 3PM-6PM weekdays while camp is in session, Jun 25-Aug 31). Pool-Guest privileges at the rate of \$15 per adult (\$10 per child) per day. One or two adults with child/ren must take family membership.

PLUS MEMBERSHIP	INITIATION FEE	MONTHLY DUES
<input type="checkbox"/> INDIVIDUAL	\$750	\$209
<input type="checkbox"/> COUPLE	\$750	\$409
<input type="checkbox"/> FAMILY	\$750	\$449

SEASONAL MEMBERSHIP	FEE (No initiation fee)	DIS-COUNTED FEE IF PAID IN FULL BY 2/15/12	WITH POOL
Family	\$4590	\$4150	included
Full	\$2295	\$2075	+ \$115
Off-Peak	\$1775	\$1545	+ \$115
Weekday	\$1195	\$1025	+ \$115
Junior	\$475	\$390	
Pool Individual	\$405	NA	
Pool Family	\$635	NA	

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NAME: _____
(first) (mi) (last)

ADDITIONAL MEMBERS
IF FAMILY MEMBERSHIP: _____

ADDRESS: _____
(billing address)

PHONE: _____
(local) (business) and/or (cell)

_____ E-MAIL (required) _____
(winter)

How did you hear about us? _____ clothing size: _____

TYPE OF MEMBERSHIP: full off-peak family pool Cost: \$ _____
 family weekday individual pool
 + pool junior

PAYMENT METHOD: check (payable to SPORTIME)
 credit card
amount of credit card charge: \$ _____

HOUSE CHARGE PRIVILEGES & "AUTOPAY" PAYMENT OPTION: In order to establish house charge privileges, you must provide current credit card information below. You may also elect our "autopay" payment option and have your account balance automatically charged to your credit card each month.

YES, I would like to establish house charge privileges for the 2012 season **and** would like my account balance automatically charged to the following credit card each month.

YES, I would like to establish house charge privileges for the 2012 season; my credit card details follow.

NO, I do not wish to establish house charge privileges for the 2012 season.

CREDIT CARD DETAILS: Master Discover account number: _____
 Visa Amex expiration date: _____

CONDITIONS OF MEMBERSHIP

By signing this application, I am hereby accepting the following terms and conditions of club membership with SPORTIME Amagansett (the "Club") for the 2012 season: **Memberships are not refundable and are transferable at the sole discretion of management. Memberships for which full payment is not received by 2/15/12 will be billed at the non-discounted rate.** All members must establish house charge privileges on an annual basis. In order to establish such privileges, I am providing valid credit card information above. I hereby consent that if my account balance is not paid in full within 30 days of the date that a monthly statement is issued to me, the Club may charge the credit card listed above for the full amount past due. I understand that if I choose not to establish charge privileges, I must pay for all goods and services at the point of sale. By signing this application, I hereby agree to abide by all rules and regulations of the Club as stated in the Club's handbook or as may be established by Club management. I agree that there are certain inherent dangers in playing tennis, participating in sports activities and in using health club equipment. In consideration of being allowed to participate in the activities and programs of the Club and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Club and its officers, agents, employees, representatives, executors and all others from any and all responsibility or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf. These conditions apply individually and/or jointly with all members, member's children or guests of members covered by this membership.

MEMBER'S SIGNATURE (required) _____ Date _____

Please return applications with payment to **SPORTIME / P.O. Box 778 / Amagansett, NY 11930**

Checks payable to "**SPORTIME**". If using a credit card, be sure to indicate the amount you wish to charge.