

WTCNCC
2011 US OPEN BUS TRIP

Reservation Form

Name: _____
Address: _____
City, State: _____
Zip Code: _____
e-mail: _____
Phone: _____

Member Non Member
\$90.00/ticket \$100.00/ticket
of tickets _____ # of tickets _____

If you are purchasing more than one ticket, please fill out a separate form for each ticket and mail with payment to:

**Parthenia Gardner
204 Chestnut Avenue
Ardmore, PA 19003**

Please Read and Sign the Release below

The undersigned agrees to assume the risk of any harm or injury that may occur to him/her while participating in a Women's Tennis Club of New Castle County activity. This release applies to the Women's Club of New Castle County, its officers, council members, and activity leaders. It is further agreed that they shall not be liable for any harm occurring to the undersigned while participating in any club activities. This release is given without reservations and shall be binding upon me, my spouse, and my heirs. I have read and understand this release.

Signature _____
Date: _____