



# EAST MALVERN TENNIS CLUB

ABN 24 004 098 462

Telephone: 9886 0858

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[www.eastmalverntc.com.au](http://www.eastmalverntc.com.au)

PO Box 1007 DARLING VIC 3145

22 Dunlop Street Malvern East 3145

Opp Dorothy Laver Reserve (59K10)

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## Junior Summer Competition 2015/16

Dear Junior Member,

You are invited to consider joining a Competition Team for the upcoming WDTA Summer season. This competition begins on the weekend of 10<sup>th</sup> October 2015 and concludes in March 2016 (i.e., Term 1 of the new school year). There are no matches over the school holidays.

**Please be aware that players who are selected in a club team are expected to play for the ENTIRE SEASON. Players starting in private schools in Term 1 2016 need to be aware that they may be expected to play on Saturdays for their school. So please consider carefully any commitment to apply for an East Malvern Saturday team.**

Saturday home matches start at 8.15am and finish at 12.15pm (latest), Sunday matches start at 9.00am and finish by 12.30pm (latest). For away matches players meet at the EMTC courts around 7.30am for Saturdays and 8.20am for Sundays for the rostered parent to drive to the away venue.

If you wish to apply, you and your parents must complete and return the attached registration form accompanied by \$35 registration fees plus \$30 for club shirt (if you don't already have one). **PLEASE NOTE that players MUST be financial members of EMTC to play.**

### **Requirements of Participating Juniors and their Parent:**

1. **Please consider very carefully your availability** before committing yourself for nomination. You have a responsibility to yourself, your team and the club to play when rostered.
2. **Each parent needs to provide team transport** on up to two occasions per season. The rostered parent driver/supervisor arranges for the teams' safe and timely arrival at the away venue, stays for the morning and is expected to drop all players home after the conclusion of the away matches.
3. **Parents need to be available to act as Venue Supervisor** on 1-2 occasions per season, arriving at least ½ hr before matches are due to commence, and staying until all matches are completed.
4. **Parents need to be prepared to act as Team Manager** in the event that their child is chosen to captain the team for the season (roster preparation etc as per duties list).

Teams will be selected according to the best guides we have as to their order of merit. While we try, it is not always possible to arrange for friends to play on the same team. Wes Horskins from Futures Tennis Academy, the coach at East Malvern Tennis Club, will assist with selection of teams. Similarly, we are not always able to place all players into an appropriate team. In this case application fees will be refunded.

**Please assist by having applications in by the 2<sup>nd</sup> August 2015. Late applications may not be accepted.**

Applications to: Ian Fuelscher  
East Malvern Tennis Club  
PO Box 1007, DARLING VIC 3145  
[juniors@eastmalverntc.com.au](mailto:juniors@eastmalverntc.com.au)  
0402 635 660



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## EMTC REGISTRATION FORM

***JUNIOR SUMMER COMP 2015/16 - commencing 10<sup>th</sup> October 2015***

Please complete all sections and be aware of your commitment as a team member

Please indicate which morning: Saturday ☐ and/or Sunday ☐

Player's name: ..... MALE ☐ FEMALE ☐

Date of Birth: ..... Home Number: .....

Mum's and/or Dad's name: .....

Address: .....

Email: ..... Mobile: .....

Club Shirt Size required; ..... or ☐ Don't need one, thanks

I am happy to be team captain YES ☐ NO ☐ Don't Mind ☐

FEES: \$35 registration and ball money PLUS \$30 for club polo shirt (if required)

Amount enclosed \$..... Cheque ☐ Cash ☐ Credit Card ☐

Complete this section if paying by credit card (VISA or MasterCard only);

Card No: ..... / ..... / ..... / ..... Expiry: ..... / .....

Name on Card: .....

Signature: .....

Please note that your signatures below indicate a preparedness to commit to the requirements stated above - Both signatures are required.

PLAYER SIGNATURE: ..... DATE: .....

PARENT SIGNATURE: ..... DATE: .....

RETURN BY 2<sup>nd</sup> August 2015 TO:

Ian Fuelscher  
East Malvern Tennis Club  
PO Box 1007, DARLING VIC 3145  
[juniors@eastmalverntc.com.au](mailto:juniors@eastmalverntc.com.au)