



Vail Racquet Club

Membership Application

LAST NAME: _____ FIRST NAME: _____

SPOUSE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ Email: _____

TYPE OF MEMBERSHIP:

Family _____ (\$160 + Initiation Fee) Family ONE Month only _____ (\$350)

3 Month Minimum Contract

Individual _____ (\$115 + Initiation Fee) Individual ONE Month only _____ (\$235)

3 Month Minimum Contract

Enclosed: \$ _____ as:

Pro-rated monthly dues _____

Next month's dues _____

Initiation fee _____

FAMILY MEMBERSHIP: List children: Name and Date of Birth:

How did you hear about the Vail Racquet Club? _____

Applicant's Signature _____ **Date** _____

NOTE: Cancellation/Deactivation of a membership must be submitted on appropriate forms which are available from the Front Desk Staff.

_____ **Please initial here**

To Be completed by a Staff Member:

Membership # _____

Ticket # _____

Full Service Health Club Facility in East Vail