



RCI MEMBER PROFILE

Date: _____

Name _____ Date of Birth _____

Address _____ City _____ State/Zip _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Email Address _____

1. My tennis rating is: Under 3.0 3.0 3.5 4.0 4.5 5.0 5.5 6.0
 Open Don't Know
2. My rating was determined by: RCI Pro USTA Self Other
3. I would like to play Morning Noon Afternoon Evening
 Weekends Singles Mixed Doubles Doubles
4. What days would you like to play?
 - a. Day(s) Mon Tue Wed Thu Fri Sat Sun
 - b. When can we put you in a match? 1-2 days 3-4 days Next Week
5. I am taking lessons from: _____
6. Type of lessons: Group Private Drills/Workout Other
7. How did you hear about the Club? Member Friend Newspaper Drive-by
 Direct Mail TV Yellow Pages Evening
8. What are you looking for in a club?

<input type="checkbox"/> Tennis	<input type="checkbox"/> Tournaments	<input type="checkbox"/> Lessons	<input type="checkbox"/> Match Arranging
<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Cardio Equipment	<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Swimming	<input type="checkbox"/> Club Activities	<input type="checkbox"/> Social Events	<input type="checkbox"/> Childcare