

Summer Tennis Pass Application

Pickleball Included

Valid May 1, 2025 - September 30, 2025

Name:______Date:_____

Address:______State:___Zip:____

Email Address:

Phone:

	Family Pass:	
Spouse:		
Children:		Age:
		Age:
Emergency Contact:		Phone:
	Please comple	te all fields.
	Resident	Non-Resident
	o Single - \$208.00 + 14.56 = 222.56	Single - \$318.00 + \$22.26 = \$340.26
	o Family - \$300.00 + 21.00 = 321.00	o Family - \$439.00 + \$30.73= \$469.73
	O Junior - \$67.00 + 4.69 = 71.69	○ Junior - \$99.00 + \$6.93 = \$105.93
	All rates subject to	7% Florida sales tax
	Family= Husband/Wife and children und	er 18 and children under 21 attending school
	No outside instruction or more	than 6 balls permitted on the courts
administrat Beach and/ with our sur non-transfe automatical	cors, waive and release any and all rights and claims for or Dubin & Associates, Inc. their successors and employed mmer pass at the Delray Beach Tennis Center and/or Derable and non-refundable; the use of this pass by anyon	self, family, guardians, child/children, heirs, executors and chamages which I/We may have against the City of Delray ees for any injuries or losses which I/We may suffer in connection the control of t
I have read t		s established by the Delray Beach Tennis Center and the Delray
Signature:		Date: