

Annual Tennis Pass Application

Pickleball Included

Valid October 1, 2025 – September 30, 2026

Name: ______Date: _____

Address: _____ City: _____ State: __Zip: ____

Email Address:

Phone:	
<u>Family Pass:</u>	
Spouse:	
Children:	Age:
	Age:
Emergency Contact:	Phone:
Please comp	olete all fields.
Resident	Non-Resident
○ Single - \$447.00 + 31.29 = 478.29	Single - \$780.00 + 54.60 = 834.60
Family - \$684.00 + 47.88 = 731.88	Family - \$1,077.00 + 75.39 = 1,152.39
○ Junior - \$95.00 + 6.65 = 101.65	Junior - \$191.00 + 13.37 = 204.37
Family= Husband/Wife and children u	t to 7% Florida sales tax under 18 and children under 21 attending school* ore than 6 balls permitted on the courts*
I, the undersigned, intending to be legally bound, do hereby for a administrators, waive and release any and all rights and claims Beach and/or Dubin & Associates, Inc. their successors and emple with our annual pass at the Delray Beach Tennis Center and/or non-transferable and non-refundable; the use of this pass by any automatically revoked. Pass holders and the publicmay not be a and other special events.	for damages which I/We may have against the City of Delray oyees for any injuries or losses which I/We may suffer in connection Delray Swim & Tennis Club. I/We understand that this pass is yone other than the pass holder will result in the pass being
I have read the above and agree to comply with rules and regulating Swim & Tennis Club.	ions established by the Delray Beach Tennis Center and the Delray
Signature:	Date: