

# BSTA MEMBERSHIP APPLICATION FORM

Please print in BLOCK CAPITALS

Name of School:

Address:

Postcode:

Tel (Inc STD Code):  Fax:

School Email Address:

School Website: http://

## Teacher/s in charge of Tennis:

Title:	First name:	Surname:	Boys	Girls	Mixed
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## School Description

**School type** (please tick)  Primary  Middle  Secondary

Age Range:   Boys  Girls  Mixed

Please tick if your school provides exams in PE at:  AS/A Level  GCSE

Please tick if your school is:  Independent  Sports College  In a School Sports Partnership

Name of School Sports Partnership:

## Facilities

 (please tick)

Does your school have tennis courts?  Yes  No

If so, how many?  Indoor  Outdoor  Outdoor Floodlit

If your school is linked with a tennis club, please indicate name of club and postcode if possible:

## Payment Details

 Please tick the appropriate box and send your payment to the address below:

**Cheques should be made payable to The Tennis Foundation**

£10 Primary/Middle  £30 Secondary  £30 All Age School

Send to: **BSTA Membership, All Sorts/TF, Unit 1 Riverside Park, Wimborne, Dorset, BH21 1QU**

Telephone: **01202 840932** Fax: **01202 840333** Please email enquiries to: **bsta@LTA.org.uk**