

EAGLEMONT TENNIS CLUB

REQUEST FOR LEAVE OF ABSENCE

Please complete [1] the details below, then sign and forward this form to the Club (post to: P.O. Box 62 Ivanhoe VIC 3079), marked for the attention of the membership secretary.

MEMBER

Personal/given name *

Family name *

Expected duration, or end-date, *
of leave [2]

Reason(s) that you can't use *
the club's facilities during the
leave period

MEMBER'S SIGNATURE

DATE

[1] Completing information marked with a * is mandatory.

[2] The period must be at least 12 months, starting from the date of application.