



**NEW JERSEY
CHAPTER**
CLUB MANAGEMENT
ASSOCIATION OF AMERICA

EDUCATION MEETING

Wellness Session

Orange Lawn Tennis Club

Tuesday, April 23, 2024

Registration Form

CLUB NAME _____

MEMBER NAME: _____

GUESTS FULL NAME: (Please Print)

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Please make your check for \$50.00 per person payable to **Orange Lawn Tennis Club** and mail to:

**Stefanie Peters
Orange Lawn Tennis Club
305 N Ridgewood Road
South Orange, NJ 07079**

Amount Enclosed: _____