



FALL 2009/ WINTER 2010
ADULT TENNIS PROGRAM

34-Week Adult Clinic Program (9/10/09 - 5/23/10)
No Clinics/Programs on 11/26 - 11/29 & 12/19 - 1/1/10
Member Rates: 1-hour Clinic @ \$25 per week; 1.5 hour Clinic @ \$38 per week
Non-Member Rates: 1-hour Clinic @ \$40 per week; 1.5 hour Clinic @ \$60 per week

DAY OF CLINIC: _____ TIME: _____ LEVEL: _____

Participant Name: _____ Birthday: ____/____/____
Address: _____ City: _____
State: _____ Zip Code: _____ E-mail: _____
Cell Phone: (____) _____ Home Phone: (____) _____
Emergency- Name: _____ Phone: (____) _____

I have MY OWN GROUP OF 4 PLAYERS to start a Clinic, the player names are:
Name: _____
Name: _____
Name: _____
Preferred DAY OF CLINIC & TIME: _____ & _____
_____ & _____

PROGRAM COST: \$ _____ /wk # OF WKS _____ DEPOSIT PAID: \$ _____
BALANCE DUE: \$ _____ (Session commitment required; fees non-refundable unless medical issue/verify apply)

PAYMENT PLAN #A: AUTOPAY (6 monthly payments); (MEMBERS ONLY)
I authorize Sport & Wellness, LLC to charge the above tennis fees on AUTOPAY (6 monthly payments deducted directly from my House Account from 10/1/09-3/1/10).
Signature: _____ Date: ____/____/____
PAYMENT PLAN #B: PAY IN FULL (1 payment)
I agree to PAY IN FULL for the above tennis fee(s) prior to the start of the Clinic Session.
Signature: _____ Date: ____/____/____

NON-MEMBERS MUST PAY IN FULL.
MEMBERS ENJOY PAYMENT PLAN OPTION.