



**FALL 2009/ WINTER 2010  
JUNIOR TENNIS PROGRAMS**

**34-Week Junior Clinic Program (9/10/09 - 5/23/10)  
No Clinics/Programs on 11/26 - 11/29 & 12/19 - 1/1/10**

17-Week BEGINNER I/ QUICKSTART FOR AGES 4-6; (1 class per wk for 17 wks)  
 Member Rate: **45-min.** @ \$19.00/wk  
 Non-Member Rate: **45-min.** @ \$24.00/wk  
17-Week BEGINNER I/ QUICKSTART FOR AGES 7-10; (1 class per wk for 17 wks)  
 Member Rate: **1-hr.** @ \$24.00/wk  
 Non-Member Rate: **1-hr.** @ \$32.00/wk  
34-Week BEGINNER II OR INTERMEDIATE (Ages 7-16); (1 class per wk for 34 wks)  
 Member Rate: **1-hr.** @ \$24.00/wk  
 Non-Member: **1-hr.** @ \$32.00/wk  
34-Week ADVANCED INTERMEDIATE (Ages 11-16); (1 class per wk for 34 wks)  
 Member Rate: **1.5-hr.** @ \$36.00/wk  
 Non-Member Rate: **1.5-hr.** @ \$48.00/wk  
34-Week ADVANCED/ELITE TRAINING ACADEMY/ (2 classes per wk for 34 wks)  
 Member Rate: **1.5 hr.** @ \$70.00/wk (2 classes per week)  
 Non-Member Rate: **1.5 hr.** @ \$94.00/wk (2 classes per week)

**DAY OF CLINIC:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_ Birth Date: \_\_/\_\_/\_\_  
 Parent/Guardian Name (if under 18): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency- Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**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 (3 monthly payments for 17-week programs and 6 monthly payments for 34-week programs to be deducted directly from my House Account starting 10/1/09).  
 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

