



# 2010 – 2011 Tennis Lesson Enrollment Form

Please print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Junior/Adult: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tennis Professional: \_\_\_\_\_ Lesson Day & Timeframe: \_\_\_\_\_ Lesson Fee: \$ \_\_\_\_\_

Lesson Type: (please circle one) Private      Semi-private      Group (3)      Group (4)      Other: \_\_\_\_\_  
All groups must submit forms together

Fees vary based on Professional. Please speak directly with the front desk for fees.

### Lesson Options:

- Pay as you go: All "Pay as you go" lessons **MUST** be paid prior to or on the same day as the lesson. A credit card must be on file to assure same day payment.
- 10 Block @ West Rock: Pre-pay for 10 lessons receive 3% off  
Full payment required with Enrollment Form
- 15 Block @ West Rock: Purchase 15 lessons receive 5% off  
Payment schedule ½ with Enrollment Form, balance due by 5<sup>th</sup> lesson
- 30 Block @ West Rock: Purchase 30 lessons receive 7% off (additional \$50.00 off if paid in full with Enrollment Form)  
Payment schedule ½ with Enrollment Form, remaining balance due by 14<sup>th</sup> lesson

All lesson Blocks are to be utilized between September 13, 2010 and May 8, 2011. Any lessons not taken by May 8, 2011 will be forfeited. There will be NO REFUNDS given. Credits will only be issued after management review.

### CANCELLATION POLICY

The Club must receive notice of any cancellations no later than 24 hours prior to scheduled appointment time otherwise FULL payment will be required. Make-ups for lessons cancelled prior to 24 hours must be arranged directly with the Professional and used within the Season timeframe.

**DISCLAIMER:** I, the undersigned, hereby agree to indemnify, protect and hold harmless GSM at West Rock Tennis Club, its officials, employees, agents and servants from any and all claims, demands, actions, suits and damages, loss and expenses of whatever kind in nature to any person or to any property arising out of my conjunction with this activity. Please inform the Club of any medical problems.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Children 18 & under must have a parent or guardians signature)

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Office Use Only:

Today's Date: \_\_\_\_\_ Amount Collected: \$ \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Start Date: \_\_\_\_\_

Staff Member Processing Form: \_\_\_\_\_