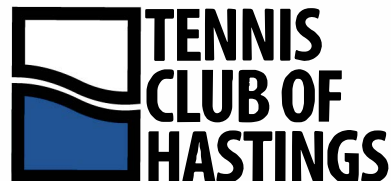


ADULT PROGRAM SPRING SESSION

REGISTRATION



**5 WEEK SESSION/SESSION 3
MAY 13 - JUNE 27**

**1hr: \$250
1.5hr: \$375**

SCHEDULE
SUNDAYS- MAY 19- JUNE 23
MONDAYS - MAY 13 - JUNE 24
TUESDAYS- MAY 14 - JUNE 25
WEDNESDAYS- MAY 15 - JUNE 26
THURSDAYS - MAY 16 - JUNE 27
FRIDAYS - MAY 17 - JUNE 28
SATURDAYS - MAY 18 - JUNE 22

Date ____ / ____ / ____ Players Name _____

Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

Player Arranged _____

Club Arranged 2.0 (Beg) ____ 2.5 ____ 3.0 ____ 3.5 ____ 4.0 ____ 4.5 ____

Day (s) _____ Time _____ Pro _____

Total Cost \$ _____ Deposit \$ _____ Balance Due \$ _____

Payment \$ _____

CREDIT CARD ON FILE IS REQUIRED FOR PAYMENT PLAN

Prmation (circle one) CHECK CASH CREDIT

CC _____ EXP _____ / _____ CVC _____

The Spring Session of Adult Program at Tennis Club of Hastings runs for 5 weeks May 13th - June 28. Please complete this registration with a valid credit card number to reserve a spot. Half of the balance will be charged at the time of registration. 1 makeup is offered for arranged clinics for the 5 week session. If space is available in a drop-in clinic, a player can make up there, but makeup only granted with 24 hours notice of absence. There will be no refunds for missed classes. In the event of inclement weather, makeups will be offered. Please refer to our Adult Clinic policies for more info on our website, www.tennisclubofhastings.com

PHOTOS AND VIDEOS - Tennis Club of Hastings reserves the right to take photos and videos of players for marketing and advertising purposes.

I have read and agreed to the terms set forth in this agreement. Date ____ / ____ / ____

Name (Please print) _____ Signature _____