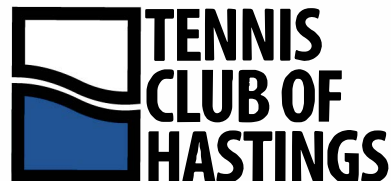


ADULT PROGRAM USTA PRACTICE

REGISTRATION



**All players must be
registered on TCH USTA
Team to participate**

starting April 24th

**(call Alex to set up schedule:
914-478-4400)**

**Member/Nonmember-
1.5hr - \$55 / \$60**

Date ____ / ____ / ____ Players Name _____

Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

Team/Division:

Day (s) _____ Time _____ Pro _____

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

Payment \$ _____

CREDIT CARD ON FILE IS REQUIRED FOR PAYMENT PLAN

CREDIT CASH CHECK

CC _____ EXP _____ CVC _____

Call Alex to schedule
914-478-4400

alex@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 _____