



2013 Junior Tennis **FALL** Session II

Monday October 21st – December 19th (8 weeks)

MEMBER Registration Form

PARTICIPANT's Name(s):		Member Number	
Parent Email Address:		Emergency Contact Number	

PRICING INFORMATION

Level 1 <u>ages 4-6 – calling all Kindergarteners!</u> Tues & Friday (new day) 2:30 – 3:30pm	Drop-In	\$25
	6 Class Pkg (\$20.00 per Class)	\$120.00
Level 1 Ages 4-6 Wednesday 1:15 – 2:15pm	Drop-In	\$25
	6 Class Pkg (\$20.00 per Class)	\$120.00
Level 2 (approx. age 7) Monday and Wednesday 3:30 – 5:00pm	Drop-In	\$35
	12 Class Pkg (\$30.00 per Class)	\$360.00
Level 3 (approx. ages 8-10) Tuesday and Thursday 3:30-5:00	Drop-In	\$35
	12 Class Pkg (\$30.00 per Class)	\$360.00
Level 4 (approx. ages 10-12) Monday and Wednesday 5:00 – 7:00pm Ladder with scheduled Match Play Sat 1 & 3:30	Drop-In	\$40
	12 Class Pkg (\$35.00 per Class)	\$420.00
Level 5 Tuesday and Thursday 5:00 – 7:00pm Ladder with scheduled Match Play Fri & Sun	Drop-In	\$40
	12 Class Pkg (\$35.00 per class)	\$420.00
New Days & Time!	Drop-in	\$40
	12 Class Pkg	\$420.00

(\$35.00 per class)

TPC Junior Tennis Program Coaches have final decision on players advancing in levels.

REGISTER

Child's Name: _____ Birth date _____

CIRCLE

LEVEL: 1 2 3 4 5 6 HS Girls

DROP IN ☐

PKG ☐

Child's Name: _____ Birth date _____

CIRCLE

LEVEL: 1 2 3 4 5 6 HS Girls

DROP IN ☐

PKG ☐

Child's Name: _____ Birth date _____

CIRCLE

LEVEL: 1 2 3 4 5 6 HS Girls

DROP IN ☐

PKG ☐

BILLING POLICY

You have 2 payment options:

1) Prepay for 12 of the 16 classes of the session. (Level 1 has a 6 class pack option).

2) Pay Drop-in rates

Example: If the clinic meets 2 times a week for 8 weeks = 16 classes. Your pre-paid package option will pay for 12 of those classes. If your child attends more than 12 classes, we will bill you the discounted rate for the remaining classes.

Buying the prepaid package saves you \$5 per class. There will not be any credits toward future class clinics or refunds given on prepaid packages unless inclement weather prohibits the activity. Thank you for your support and cooperation.

Total check amount (make payable to TPC): \$ _____ CHARGE ACCOUNT _____

- I understand that no refunds will be given for Fall Session II after October 28th, 2013
- Program will run from October 26st – December 19st, 2013
- There will be no clinics Wed-Fri November 27th- 29th Thanksgiving week.

Parent Signature

Date

Phone 1

Phone 2