

Invoice Number: \_\_\_\_\_

**ELITE**



**TENNIS ACADEMY**

**Elite PRIVATE LESSON Tennis Application**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ M: \_\_\_ F: \_\_\_

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

Town/Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

Health Status (Are there any health problems we should be aware of?):  
\_\_\_\_\_

Tennis Ability:  
\_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced  
\_\_\_ Adv Beginner \_\_\_ Adv Intermediate \_\_\_ Ranked

**Private Lessons:**

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

Location: ( West Caldwell / Fairfield )

Session: ( Fall / Winter / Spring )

\_\_\_ 33 Weeks \_\_\_ 22 Weeks \_\_\_ 11 Weeks

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Information:**

DATE: \_\_\_\_\_

PRO: \_\_\_\_\_

PRO RATE/HR \$ \_\_\_\_\_  
(Includes Court Fee)

X NUMBER OF WEEKS \_\_\_\_\_

**TOTAL DUE:**

\$ \_\_\_\_\_

DEPOSIT \$ \_\_\_\_\_

Type of Payment:

Check \_\_\_ Cash \_\_\_ Visa \_\_\_ MasterCard \_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**DEPOSITS ARE NON\_REFUNDABLE. PROS FEES WILL BE AUTOMATICALLY BILLED TO CREDIT CARD AT THE BEGINNING OF THE NEW 11 WEEK SESSION. ELITE ALLOWS ONE CANCELLATION PER 11 WEEKS. PLEASE NOTE THEREIS A 24 HOUR CANCELLATION POLICY.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MUST SIGN AND RETURN IN ORDER TO GUARENTEE SPOT.**

**Send all payments and correspondence to:  
Elite Tennis/42 Fairfield Pl./ W.  
Caldwell/NJ/07006  
Tel: 973-575-1000 Fax:973-575-1176**