



**PICKLEBALL@  
BROOKDALE PARK  
Montclair, NJ**

**CLINICS/PRIVATES**

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

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

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

# of Weeks: \_\_\_\_\_

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

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

elitetigergeraldyn@yahoo.com  
elitetennisjodi@gmail.com

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

Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Ability:

\_\_\_ Beginner \_\_\_ Adv Beg \_\_\_ Inter \_\_\_ Adv Inter \_\_\_ Adv

Program(s):

\_\_\_ Pee-wee \_\_\_ Kids Clinic \_\_\_ Adult Clinic \_\_\_ Privates \_\_\_ Camp

**Payment Method:**

Check \_\_\_ Cash \_\_\_ VISA \_\_\_ MasterCard \_\_\_

CC #: \_\_\_\_\_

Exp: \_\_\_\_\_

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

TOTAL AMOUNT DUE: \$

**CLINIC PRICING:**

1 Hour Clinic: 8 sessions - \$200/student-4 sessions - \$100/student

90 Min Clinic: 8 sessions - \$300/student-4 sessions - \$150/student

\*If a clinic has already begun, the pricing will be pro-rated.

**PRIVATE LESSON PRICING:**

\$75/HOUR \_\_\_\_\_

\*Semi-privates add \$10 to hourly rate.

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

**Payment Policy – Please Read and Sign**

We the parents/player \_\_\_\_\_  
Agree to pay in full for program before the first day of the program. We understand that we will not be able to participate in the program unless the tuition is paid in full. **We also understand that there are no refunds or credits for absences and that make-ups are not guaranteed. ONE make-up per session, according to space availability unless otherwise approved through the office. We kindly request absences are reported via email at least 24 in advance.** In the event we must withdraw from the program, we understand that there are no refunds are available, but Elite may extend credit for the unused portion of the program for use towards future programs. An administrative processing fee will be applied to cover any changes or cancellations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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