

**ELITE**



TENNIS ACADEMY

**Elite Tennis Application 2023-2024 Season**

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

Program(s):

\_\_\_ Adult Clinic \_\_\_ Cardio Clinic  
\_\_\_ Pee-Wee Clinic \_\_\_ Junior Clinic

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

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

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

Location: ( West Caldwell / Fairfield )

Session: ( Fall / Winter / Spring )

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

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

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

**Payment**

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

Clinic Price:

1 Hour = \$405

90 Min = \$575

2 Hour = \$695

3 Hour = \$1050

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

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

Amount Enclosed: \$ \_\_\_\_\_

Type of Payment:

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

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

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

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

We the parents \_\_\_\_\_  
Agree to pay in full for his or her program before the first day of the program. We understand that our child 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 with 24 hour advanced notice.** In the event our child 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.**

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