

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**