

ELITE



TENNIS ACADEMY

@ BROOKDALE PARK

2022 CLINICS

Day: _____

Time: _____

Start Date: _____

of Weeks: _____

Notes: _____

2022 MINI CAMP DATES

9am – 12pm, M-F

Price per week= \$ 375.00

3 or more weeks =\$ 300.00

Week #1 June 13-17 (Pre-Summer)

Week #2 June 20-24 (Pre-Summer)

Week #3 June 27- July 1

Week #4 July 5-8

Week #5 July 11-15

Week #6 July 18-22

Week #7 July 25-29

Week #8 August 1-5

Week #9 August 8-12

Week #10 August 15-19

Week #11 August 22-26

Week #12 August 29- Sep 2

* Week 4 -Tuesday to Friday Pro-rated

Number of camp weeks _____

Price per week X \$ _____

Extended Hours X \$ _____

Total Camp Tuition \$ _____

Name: _____

Age: _____ Male ___ Female ___ Date: _____

Address: _____

City/Zip: _____

Phone #: _____

E-mail Address: _____

Tennis 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

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

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

PRIVATE LESSON PRICING:

JR. PRO = \$75/HOUR _____ HEAD PRO= \$90/HOUR _____

PRO = \$85/HOUR _____ DIRECTOR= \$100/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 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.** 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