

ELITE



TENNIS ACADEMY

Elite Tennis Application 2022-2023 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 ___ Fitness Training
___ 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 = \$375

90 Min = \$550

2 Hour = \$650

3 Hour = \$990

\$

Note: _____

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.** In the event our child must withdraw from the program, we understand that there are no refunds 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