

PROGRAM	DAY	TIME	MEMBER	NON-MEM.
Beginner/ Advanced Beginner: 2.0-2.5: Players with very little experience	Mon.	2:00 – 3:00 pm (1 hour)	\$348.	\$372.
	Tues.	Noon – 1:00 pm (1 hour) OR: 8:30 – 9:30 pm (1 hour)	\$348.	\$372.
	Wed.	9:00 – 10:00 am (1 hour) OR: 1:30 – 2:30 pm (1 hour)	\$348.	\$372.
	Sat.	9:00 – 10:00 am (1 hour)	\$348.	\$372.
	Sun.	11:00 am – Noon (1 hour)	\$348.	\$372.
Intermediate: 3.0: Players with some tennis instruction and experience	Mon.	9:00 – 10:30 am (90 min.) OR: 6:30 – 8:00 pm (90 min.)	\$522.	\$563.
	Tues.	Noon – 1:30 pm (90 min.) OR: 7:00 – 8:30 pm (90 min.)	\$522.	\$563.
	Wed.	10:30 am – Noon (90 min.) OR: 7:00 – 8:30 pm (90 min.)	\$522.	\$563.
	Thur.	10:30 am – Noon (90 min.) OR: Noon – 1:30 pm (90 min.)	\$522.	\$563.
	Fri.	11:30 am – 1:00 pm (90 min.)	\$522.	\$563.
	Sat.	8:00 – 9:30 am (90 min.)	\$522.	\$563.
Intermediate Plus: 3.5: Players with tennis instruction and playing experience	Mon.	9:00-10:30 am (90 min.) OR: 10:30 am – Noon (90 min.)	\$522.	\$563.
	Tues.	Noon – 1:30 pm (90 min.) OR: 7:00 – 8:30 pm (90 min.) OR 8:30 – 10:00 pm (90 min.)	\$522.	\$563.
	Wed.	9:00 – 10:30 am (90 min.) OR: Noon – 1:30 pm (90 min.)	\$522.	\$563.
	Thur.	10:30 am – Noon (90 min.) OR: Noon – 1:30 pm (90 min.)	\$522.	\$563.
	Fri.	11:30 am – 1:00 pm (90 min.)	\$522.	\$563.
	Fri.	1:00 – 2:30 pm (90 min.)	\$522.	\$563.
	Sat.	2:00 – 3:30 (90 min.)	\$522.	\$563.
	Sun.	8:30 – 10:00 am (90 min.)	\$522.	\$563.
	Sun.	8:00 – 9:00 am (1 hour) OR: 9:00 am – 10:00 am (1 hour)	\$348.	\$372.
	Advanced: 4.0: Playing experience and play at a competitive level	Tues.	8:30 – 10:00 am (90 min.)	\$522.
Wed.		7:00 – 8:30 pm (90 min.)	\$522.	\$563.
Fri.		11:30 am – 1:00 pm (90 min.) OR: 1:00 pm – 2:30 pm (90 min.)	\$522.	\$563.

13 WEEK SESSIONS beginning March 20 through June 27, 2010

No classes April 2 or April 4

Private Lessons with Steve Bork, Director of Tennis, \$100. per hour/\$52 per half hour. Lessons with professional staff, \$95 per hour/\$50. per half hour. **Customer will be responsible for private lesson fee if not cancelled within 24 hours of scheduled lesson.**

Programs require sufficient enrollment to run. Any cancellations due to inclement weather is at the discretion of the club and will be rescheduled. **No make-up credits or refunds for missed classes.** Classes are available seven days a week. Call 908-713-1144. *Classes may be arranged on weekends, sufficient enrollment required to run.

Mail completed registration form with payment to:

Courtside Racquet Club

Attn: Steve
1115 Route 31 South,
Lebanon, NJ 08833



www.courtsideracquet.com

Adult Programs Spring 2010 Registration

Due to limited space, please list first, second and third choice.

Name: _____

Telephone Number: (_____) _____ E-mail: _____

Address: _____ City: _____ Zip: _____

1st choice — Program: _____ Day: _____ Time: _____

2nd choice— Program: _____ Day: _____ Time: _____

3rd choice— Program: _____ Day: _____ Time: _____

Is the participant a member?

Yes No

If no, would you like to be enrolled as a member?

Yes No

Amount Enclosed: \$ _____

Please indicate: Credit Card:

OR: VIP Number: _____ Card No: _____ Exp. date _____

OR: Check Enclosed, payable to: **Courtside Racquet Club** Signature: _____

Release Statement: The undersigned, an adult Participant of legal age, agree that the I will abide by the rules of Courtside Racquet Club, LLC and I hereby release, discharge, and/or otherwise agree to indemnify, defend and hold harmless Courtside Racquet Club, LLC, its owners, officers, employees and instructors against any claim by or on behalf of myself or any third party arising out of my involvement in any activities at Courtside Racquet Club. I hereby represent that I am presently healthy, in sound general physical condition and otherwise competent to participate in activities at Courtside Racquet Club. In the event I am unable, for any reason, to make such decisions, I hereby authorize and consent to be transported for emergency medical care, if necessary, and for such emergency medical treatment as may be determined to be in my best interest by the appropriate medical personnel.

Signature: _____ Date: _____