

COURTSIDE RACQUET CLUB

2009 USTA NATIONAL FACILITY OF THE YEAR
2013, '14, '15, '16, '17, '18 USTA Middlestates Premier Facility



SUMMER 2020

ADULT CLINICS

Maximum 4 players per court

PROGRAM	DAY	TIME	MEMBER	NON-MEM.
Beginner/ Advanced Beginner: 2.0-2.5: Players with very little experience	Tues.	Noon – 1:00 pm (1 hour)	\$224.	\$238.
	Fri.	8:00 – 9:00 am	\$224.	\$238.
	Sat.	8:00 – 9:00 am (1 hour) OR: 6:00 – 7:00 pm (1 hour)	\$224.	\$238.
Intermediate: 3.0: Players with some tennis instruction and experience	Mon.	8:30 – 10:00 am OR 6:00 – 7:30 pm OR 7:30 – 9:00 pm	\$336.	\$350.
	Tues.	9:00 – 10:30 am OR 10:30 am – Noon OR 6:00 – 7:30 pm OR 7:30 – 9:00 pm	\$336.	\$350.
	Wed.	10:30 am – Noon OR: 6:00 – 7:30 pm OR: 6:30 – 8:00 pm	\$336.	\$350.
	Thur.	9:00 – 10:30 am OR: 10:30 am – Noon OR: Noon – 1:30 pm	\$336.	\$350.
	Fri.	8:30 – 10:00 am OR: 9:00 – 10:30 am OR: 10:30 am – Noon	\$336.	\$350.
Intermediate Plus: 3.5: Players with tennis instruction and playing experience	Mon.	8:30 – 10:00 am	\$336.	\$350.
	Tues.	7:30 – 9:00 am OR: 9:00 – 10:30 am OR: 6:00 – 7:30 pm	\$336.	\$350.
	Wed.	Noon – 1:30 pm	\$336.	\$350.
	Thur.	9:00 – 10:30 am OR: 10:30 am – Noon OR: Noon – 1:30 pm	\$336.	\$350.
	Fri.	Noon – 1:30 pm OR: 7:30 – 9:00 pm	\$336.	\$350.
	Sat.	10:00 – 11:30 am OR: 8:30 – 10:00 pm	\$336.	\$350.
Advanced: 4.0: Playing experience and play at a competitive level	Mon.	7:30 – 9:00 pm	\$336.	\$350.
	Tues.	7:30 – 9:00 pm OR: 10:30 am – Noon	\$336.	\$350.
	Fri.	12:30 – 2:00 pm	\$336.	\$350.

Mail completed registration form with payment to:

Courtside Racquet Club
Attn: Steve
1115 Route 31 South,
Lebanon, NJ 08833

7 WEEK SESSIONS JULY 6 – AUGUST 22

- Programs require sufficient enrollment to run.
- *Make-ups are handled on a case-by-case basis, and limited to one per session. You are required to give advanced notice to Steve Bork via phone or email. Approval is necessary in order to limit class sizes. No make-up is allowed to be carried over into the next session or credit given.*
- Classes are available seven days a week. Call 908/713•1144.

Please save top half of form for scheduling reference

[Click here for online registration form.](#)

DAYTIME CLINICS AVAILABLE

ADULT CLINICS Summer 2020 Registration

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

Name: _____
 Telephone Number: (____) _____ E-mail: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Is the participant a member?
 Yes No
 If no, would you like to be enrolled as a member?
 Yes No

Please check preferred Session(s). **July 6 – August 22**

1st choice — Program: _____ Day: _____ Time: _____
 2nd choice — Program: _____ Day: _____ Time: _____
 3rd choice — Program: _____ Day: _____ Time: _____

Amount Enclosed: \$ _____ Please indicate: Credit Card:

OR: VIP Number: _____ Card No: _____ Exp. date _____
 OR: Check Enclosed, payable to: **Courtside Racquet Club** Signature: _____

Release Statement: I, the Undersigned, an adult participant of legal age, hereby agree that I will abide by the rules of Courtside Racquet Club, LLC (hereinafter "Courtside") and I hereby release, discharge, and/or otherwise indemnify Courtside, 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. I hereby represent that I am healthy, in sound physical condition and otherwise competent to participate in activities at Courtside. In the event that 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, and I hereby release and hold harmless Courtside in connection therewith. For good and valuable consideration I hereby consent to and authorize the reproduction, for publication use by Courtside for promotional materials, use of any photograph of me and use of my name in such promotional materials. (If you have any questions please give us a call). — By enrolling in this program I agree to the above release.

Date: _____ Print Name: _____ Signature: _____

How did you hear about us? Facebook Newspaper Referral Other: _____