Junior Development & TTP Pre-Summer '19 Application

Session Dates: 5/5 - 6/22 **Contact: Dean@NRRC.us**

New Rochelle Racquet Club
130 Rhodes Street
New Rochelle NY 10801
914-636-1003 www.nrrc.us

PLAYER INFORMATION PLEASE PRINT CLEARLY

☐ Male ☐ Female

Last Name First Name Date of Birth

Responsible Party/Parent's Name

Parent's Email Address - Required

Address City State Zip

Home Phone Emergency Phone Cell Phone

PROGRAM DATES 5 weeks

Mon. 5/5 - 6/10 (no class 5/27) **Tues.** 5/14 - 6/11 **Wed.** 5/8- 6/5
Thurs. 5/9 - 6/6 **Fri.** 5/10 - 6/7 **Sat.** 5/11 - 6/8 **Sun.** 5/5 - 6/2

PROGRAM DATES 6-7 weeks: EXTENDED SESSION

Mon. 5/5 - 6/17 (6 wks. / no class 5/27) **Tues.** 5/14 - 6/18 (6 wks)
Wed. 5/8- 6/19 (7 wks) **Thurs.** 5/9 - 6/20 (7wks) **Fri.** 5/10 - 6/21 (7wks)
Sat. 5/11 - 6/22 (7wks) **Sun.** 5/5 - 6/16 (7wks)

JR DEVELOPMENT SCHEDULE

☐ ORANGE BALL ☐ GREEN BALL ☐ YELLOW BALL

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday and Sunday
☐ 3:30	☐ 3:30	☐ 3:30	☐ 3:30	☐ 3:30	Day/Time Preference:
☐ 4:30	☐ 4:30	☐ 4:30	☐ 4:30	☐ 4:30	_____
					_____

TTP SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday and Sunday
☐ 5:30-7pm	☐ 4:30-6pm	☐ 5:30-7pm	☐ 5:30-7pm	☐ 5:30-7pm	Day/Time Preference:
	☐ 5:30-7pm	☐	☐ 5-7pm		_____
	☐ 5-7pm				_____

PAYMENT INFORMATION *Payment in Full Only*

☐ Check payment enclosed in the amount of: $ _____

☐ Please charge my credit card in the amount of: $ _____

☐ MasterCard ☐ VISA ☐ AMEX ☐ DISC Exp. Date CVV

Name on Card: _____

☐ Keep Card on File

*As parent of the applicant, I hereby give permission for my child to participate in the program and agree to comply with all club regulations and hereby remove the NRRC from any liability for any injuries incurred while involved in this program.f my child cancels out of the program for any reason, I am liable for the full session cost. Refunds will be given on a pro-rated basis if the vacant spot(s) can be sold. A doctor's note is required for medical withdrawal for program credit only. Balances must be paid in full in order for my child to receive a make-up and open court time. I understand that **make-ups are not guaranteed**.*

Parent/Guardian Signature:

Program	# Days per Week	Total
Orange/Green/Yellow Ball **1 Hour Class** 5 wks $310.00 6 wks $372.00 7 wks. $434.00 **1.5 Hour Class** 5 wks $425.00 6 wks $510.00 7 wks $595.00		
TTP **1.5 Hour Class** 5 wks $425.00 6 wks $510.00 7 wks $595.00 **2 Hour Class** 5 wks $525.00 6 wks $630.00 7 wks. $735.00		
PRIVATE LESSONS **1/2 Hour Private $70.00 per diem** **5 wks - $325.00** **6 wks - $390.00** **7 wks - $455.00** **1 Hour Private $135.00 per diem** **5 wks - $650.00** **6 wks - $780.00** **7 wks - $910.00** **1 Hr Semi-Private $80.00 per person / per diem** **5 wks - $375 p.p.** **6 wks - $450 p.p.** **7 wks - $525.00 p.p.** Pro Preference _____ Day/Time _____ 1. _____ 2. _____		
Total		