



RED BALL 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.nrcc.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)

RED BALL PROGRAM (4:1 Student/Pro Ratio per Court)

Select Program:

- RED BALL Intro
- RED BALL 1 Beginner/Advanced
- RED BALL 2 Advanced+

PLEASE INDICATE CHOICES: (1st, 2nd, 3rd)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 4:30pm	<input type="checkbox"/> 3:30pm	<input type="checkbox"/> 2:30pm	<input type="checkbox"/> 3:30pm	<input type="checkbox"/> 4:30pm	<input type="checkbox"/> 11:00am	<input type="checkbox"/> 1:00pm
		<input type="checkbox"/> 3:30pm			<input type="checkbox"/> 12:00pm	
		<input type="checkbox"/> 4:30pm				

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

_____|_____|_____|_____| _____|_____|_____|

Name on Card: _____

Exp. Date CVV

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. If 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
Red Ball Intro (ages 3-5) 45 Min. Class 5 weeks \$150.00 6 weeks \$175.00 7 weeks. \$200.00		
Red Ball ONE 1 Hr Class 5 weeks \$235.00 6 weeks \$280.00 7 weeks \$325.00		
Red Ball TWO 1 Hr Class 5 weeks \$260.00 6 weeks \$312.00 7 weeks. \$364.00		
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 - \$375.00 p.p. 6 wks - \$450.00 p.p. 7 wks - \$525.00 p.p.		
Pro Preference _____ Day/Time _____ 1. _____ 2. _____		
Total		