



Grande Dunes Tennis Academy

Myrtle Beach, SC : 843-449-4486 : www.grandedunestennis.com

Top Training for Top Junior Tennis Players

HIGH PERFORMANCE FALL REGISTRATION

August 20 - November 8, 2018

Player's Name _____ M/F (Circle) Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Parents'/Guardians' Name _____ Phone Number _____

Authorized Person to pick up your child: _____

Emergency Contact Name _____ Phone Number(s) _____

Allergies: _____ Medical Conditions: _____

LEVEL AND TIMES:

Tournament Orange Ball

- Tuesday 4:00-5:30pm
- Thursday 4:00-5:30pm

12 WEEK PROGRAM FEE

Member Rate

___ 2 Day 3 payments of \$179 or \$537

Non Member Rate

___ 2 Day 3 payments of \$199 or \$597

High Performance/Tournament Green Ball

- Tuesday 4:00-6:00pm
- Thursday 4:00-6:00pm

12 WEEK PROGRAM FEE

Member Rate

___ 2 Day 3 payments of \$240 or \$720

Non Member Rate

___ 2 Day payments of \$260 or \$780 o

High Performance/Tournament Yellow Ball

- Tuesday 4:00-6:00pm
- Thursday 4:00-6:00pm

****PAYMENT IN FULL OR 1st of 3 PAYMENTS DUE WITH REGISTRATION FORM.****

Total Due \$ _____ Full Payment \$ _____ Date _____ Receipt Number _____

I authorize the Grande Dunes Tennis Club to charge the below credit/debit card for payments the 1st day of the month due. By signing this I understand that I must give a 2-week written notice to leave the 12 week program. No refunds will be given for inclement weather or illness or injury. Should inclement weather occur, the fourth Friday and/or Saturday of the month will be the make up class. Coaches will advise on day and time when necessary. Missed class due to illness or injury must be discussed with Coach prior to start of class and can be made up with approval during weather make up or during another class that same period. Only for exceptional circumstances discussed with Coach will be credit be given for missed classes. Should it be necessary for the Grande Dunes Tennis Club to enforce the terms of this agreement or the payment terms of this agreement by and through an attorney, the Grande Dunes Tennis Club shall be entitled to collect all attorney's fees and costs expended in the enforcement of the terms of the agreement. I agree that I am the responsible party and in signing this agreement I agree to be responsible for and pay all fees associated with this program.

Signature _____ Date _____

Credit Card # _____ CCV# _____ Exp. Date: _____

#1 of 3 (Aug)	\$ _____	Date _____	Receipt # _____
#2 of 3 (Sept)	\$ _____	Date _____	Receipt # _____
#3 of 3 (Oct)	\$ _____	Date _____	Receipt # _____