



**JOSEPH T. ST. LAWRENCE COMMUNITY, HEALTH & SPORTS CENTER**  
 115 Torne Valley Road, Hillburn, NY 10931  
**(845)753-2324**



## TENNIS PROGRAM REGISTRATION FORM

PRIVATE LESSON/GROUP TENNIS LESSON SERIES

**Private:** \_\_\_\_\_ 1x

**Group Lesson:** \_\_\_\_\_ 2x

\_\_\_\_\_ 3x

\_\_\_\_\_ 4x

\_\_\_\_\_ 5x

**Fees:**

**Private**                    **1x: \$745**

**Group Lessons** 2x: **\$380**

   3x: **\$260**

   4x: **\$200**

   5x: **\$170**

**LEVEL OF INSTRUCTION\*** (circle one)    **BEGINNER**    **ADV. BEGINNER**    **INTERMEDIATE**

**Participant's Name:** \_\_\_\_\_

**Gender:** (circle one)    **M**            **F**                    **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PAYMENT IN FULL MUST be received at time of registration.    TOTAL FEES:** \_\_\_\_\_

*\*Check here to request evaluation of your child for appropriate level of instruction and you will be contacted by the Tennis Staff to make arrangements.*

*If we cannot find a suitable group for your child, we will refund your payment in full.*

*The Town of Ramapo does not offer accident insurance and I understand that my personal insurance bear's primary responsibility in case of accident or injury. I understand and accept all COVID related policies. I authorize the use of photos for promotional purposes. All refunds must be requested in writing and may incur a \$15 surcharge.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_