

At Robbie Wagner's Tournament Training Center, it's never been easier to get your kids active and having fun with tennis. With equipment sized right for age and skill level, tennis is ready-and waiting-for your child! The No.1 reason kids play sports is to have fun.

Our 10 & Under Tennis programs provide constant action to keep your child engaged.

SPRING 2020 CLASSES

Mon 4-5 pm		All p	orograms are 17 we	ek sessions.	
ORANGE BALL: \$695 Mon 4-5 pm	RED BALL:	\$550			
ORANGE BALL: \$695 Mon 4-5 pm	│	☐ Tue 4-5 pm	☐Thu 4-5 pm	Sat 11-12 pm	Tue 3:30-4:30 pm
GREEN BALL: \$695 Mon 4-5 pm					, , , , , , , , , , , , , , , , , , , ,
GREEN BALL: \$695 Mon 4-5 pm	ORANGE B	ALL: \$695 —			
Mon 4-5 pm				☐Fri 4-5 pm	☐ Sat 1-2 pm
Mon 4-5 pm					
GREEN BALL ELITE: \$1980 Wed 5-7 pm Fri 5-7 pm Sun 2-4 pm with Strength & Conditioning \$2250 10 AND UNDER PROGRAM APPLICATION Iame: Iddress: Ity: State: Jobs/Age: Method of Payment: (PAYMENT IN FULL IS REQUIRED BY THE FIRST WEEK OF PLAY) Check payment enclosed in the amount of: \$ made out to: RWTT Please charge the credit card listed below in the amount of: \$ made out to: RWTT MasterCard Wisa American Express Expiration Date	GREEN BAI	L: \$695			
Wed 5-7 pm	☐ Mon 4-5 pm	☐ Tue 5-6 pm	☐ Thu 5-6 pm	☐ Sat 12-1pm	
Wed 5-7 pm					
To AND UNDER PROGRAM APPLICATION	GREEN BAI	LL ELITE: \$19	80		
lame:	│	☐ Fri 5-7 pm	☐ Sun 2-4 pm	with Strengt	h & Conditioning \$2250
lame:					
Address:	10	<u>) AND UND</u>	<u>ER PROGR</u>	<u>AM APPLIC</u>	ATION
State: Zip:	Name:				
Mork #:	Address:				
Method of Payment: (PAYMENT IN FULL IS REQUIRED BY THE FIRST WEEK OF PLAY) Check payment enclosed in the amount of: \$ made out to: RWTT Please charge the credit card listed below in the amount of: \$ MasterCard	City:		State:	:	Zip:
Method of Payment: (PAYMENT IN FULL IS REQUIRED BY THE FIRST WEEK OF PLAY) Check payment enclosed in the amount of: \$ made out to: RWTT Please charge the credit card listed below in the amount of: \$ MasterCard					
☐ Check payment enclosed in the amount of: \$ made out to: RWTT ☐ Please charge the credit card listed below in the amount of: \$ ☐ MasterCard ☐ Visa ☐ American Express ☐ Expiration Date ☐ In the sixth week, I authorize with the sixth week, I authorize with the charge my credit card for the remaining balance. (I) agree that the facilities of the center will be used at our (my) own risk and will not hold the center responsible for liability.	Email Address:			DOB/Ag	e:
Please charge the credit card listed below in the amount of: \$	Method of Payme	nt: (PAYMENT IN FUL	L IS REQUIRED BY THE	FIRST WEEK OF PLAY	")
MasterCard Visa American Express Expiration Date y signing below, I fully understand that I must remit the required deposit upon enrollment and must pay in full no later than the first six weeks of play. After the sixth week, I authorize WTT to charge my credit card for the remaining balance. (I) agree that the facilities of the center will be used at our (my) own risk and will not hold the center responsible for liability	☐ Check payment	enclosed in the am	ount of: \$	made out to	: RWTT
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WTT to charge my credit card for the remaining balance. (I) agree that the facilities of the center will be used at our (my) own risk and will not hold the center responsible for liability	N	lasterCard 🗌 Vi	sa 🗌 American	Express	Expiration Date
WTT to charge my credit card for the remaining balance. (I) agree that the facilities of the center will be used at our (my) own risk and will not hold the center responsible for liability					
ny kind or nature, including personal injury in connection with the use of the courts and facilities. This release applies individually and jointly to other players, friends or family member further understand that RWTT retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. Credit to be applied at management's discretio	any kind or nature, including person	al injury in connection with the u	se of the courts and facilities. Thi	release applies individually and	jointly to other players, friends or family member

NO REFUNDS WILL BE GIVEN FOR CANCELLED LESSONS, CLUB CREDIT ONLY.

Date:

Signature: X_

PLEASE COMPLETE AND RETURN TO: Robbie Wagner • 60 Sea Cliff Avenue • Glen Cove, NY 11542