

PLEASE COMPLETE AND RETURN TO:

Robbie Wagner's Tournament Training Center 60 Sea Cliff Avenue • Glen Cove, NY 11542

Tel: (516) 759-0505 • Fax (516) 759-0658

JU	NIOR T	RAININ	IG AP	PLICAT	ION 2019	-2020
Name: Parent/Guardian (If s Home Address:	tudent is a				e □Female Da	ite of Birth:
Cell:		_ Home:			Work:	
Email Address:				Con		:: □Text □Email □Phone
USTA Age Group:		Ranking: _		Drill Gro	up Day and Tim	e(s):
10 AND UNDER T				s for descrip	tion and pricing.	SEE BACK FOR FULL DESCRIPTION
GLEN COVE DRIL	L GROUF	S		- 1		OF ALL DRILLS
☐ Tuesday 5-7 PM (\$1985) Intermediate to Ranked Players ☐ Wednesday 5-7 PM (\$1985) Intermediate to Ranked Players ☐ Wednesday 7-9 PM (\$1985) Limited to 12 Players ☐ Thursday 7-9 PM (\$1985) Limited to 12 Players ☐ Friday 5-7 PM (\$1985) Ages 8 - 11 years old				Friday 7-9 PM UTR Verified Matches - NEW Sign up online @ my UTR.com Saturday 12-2 PM (\$1985) Middle School to Ranked Players Saturday 2-4 PM (\$1985) Only 10 and Under Sunday Drill/Match Play - 3 Hours \$725 for 34 weeks		
GLENWOOD LAN	IDING DE	ILL GRO	UPS	(All Final Dr	ill Placement Deci	sions Made by The Head Pros)
☐ Tuesday 5-7 PM (\$225 ☐ Tuesday 7-9 PM (\$198 ☐ Wednesday 5-7 PM (\$ ☐ Wednesday 7-9 PM (\$ ☐ Thursday 5-7 PM (\$22	5) - Sectional t 2250) - <i>RWTT E</i> 2250) - <i>RWTT E</i>	o National Rai LITE BY INVITAT LITE BY INVITAT	nking TON ONLY TON ONLY	☐ Thursday ☐ Saturday ☐ Group Fiti	7-9 PM (\$1985) - Str 12-2 PM (\$1985) - Na 1ess - \$480 per seme	R Drills (4Court Glenwood, 3 Court Glen Cove) rong Sectional Ranking Required ational Ranking Required ester, 1 Hour Group I - INVITATIONAL DRILL \$3400 NEW
PRIVATE & GROU	IP FITNE:	SS:				
						isk. Group classes will take place reduled at your own convenience.
						r tournament training players will be r any student who stops mid-season.
PAYMENT TERI	MS			NO M	EMBERS	HIP FEES!
50% DEPOSIT REQUIRED	ON ALL APPLICA	ATIONS OR \$80	O DEPOSIT A	ND MANDATOR	Y ENROLLMENT INTO	OUR MONTHLY PAYMENT PLAN.
Payment Check payment enclosed in the amount of: \$ payable to: RWTT						
Method: □		_			n the amount of	
	Maste	rCard _	Visa	America	n Express	Expiration Date
week, I authorize RWTT to char be given for withdrawals or abs By signing below I agree that I we will abide by all rules and re certain inherent risks and dang the named participant in, on, o undersigned, for myself, my ch all rights and claims for damag members, employees, agents contractors from all suits, claim but not limited to, death, or (b connects to any act, failure to a further understand that RWTT	ge my credit card fences after the ses am either the nar gulations which n ers in playing ten r around the prem ild (if applicable), es, injuries or loss or contractors. I f s, judgements, an) damage or loss f ct, or negligence	or the remaining lession begins. Under the desired participant, of the desired participant, of the desired participant and that RWT, or a my heirs, executor of or damage to purther indemnify, dexpenses included personal property me (or my chilles).	palance. I acce or no circumstal or the parent or may be hereaf T shall not be I rising out of th rs, legal represo property that I defend and h ing, but not lin rty, including b d) in connectio	ot that enrollment nees will the depor legal guardian of ter adopted or am jable for any perso entatives, and adn may have or that i pld harmless RW jold harmless RW	in ŔWTT programs is for sit be refunded. Credit to the named participant (ended by RWTT. I furthe onal injuries, property dause of any facilities, equipinistrators waive, hereb may hereafter accrue to ray, their officers and dire attorneys fees, arising theft or vandalism, which on in any practice, worked be used for publicity or a significant continuation.	
Signature: X						Date: