

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

WORKING WOMEN'S CLINIC APPLICATION 2023-2024			
Name:			
Address:			
City:	State:	Zip:	
Cell:	Home:	Work:	
Email Address: _		Contact Preference: 🗆 Tex	ct \square Email \square Phone
Playing Level:			
LESSON PR	OGRAMS		
Fine tune your skills and improve court positioning with one of our tennis professionals. Continue to develop your strokes and gain confidence in your match play ability. Hit with a purpose, make all your shots count!			
SPACE IS LIMITED!	15 SESSIONS Session Time: 7	L 1000 N 10 P 1000 VA/I , 40	ENROLL NOW!
☐ Tuesdays			
☐ Thursdays			
		saays	
PAYMENT TE	ERMS	NO MEMBERSHIF	P FEES!
Payment	☐ Check payment enclosed in the a	mount of: \$ paya	ble to: RWTT
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Payment Method: By signing below, I further payment plan over 4 remaining balance. I absences after the set by signing below, I ag is a minor), and that we further acknowledge personal injuries, propout of the use or intermy heirs, executors, led damages, injuries or I members, employees employees, agents or arising from (a) injury limited to theft or varichild) in connection withe rights to any phose	□ Check payment enclosed in the a□ Please charge the credit card liste	mount of: \$	e enrolled in a monthly ge my credit card for the given for withdrawals or anagement's discretion. ipant (if such participant or amended by RWTT. I shall not be liable for any mises of RWTT, or arising f, my child (if applicable), I all rights and claims for IT, their office, directors, and directors, members, asonable attorneys fees, perty, including but not egligence by me (or my