



Randy Pate Tennis Academy at Family Circle Tennis Center

2018/2019 REGISTRATION Red Ball

NOVEMBER 7, 2018 - JUNE 4, 2019

Player Name _____ Birthday _____

Parent's Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Emergency Contact / # _____

Allergies or Medical Conditions: _____

TIMES AND RATES

- Monday 3:15pm - 4:00pm
- Tuesday 3:15pm - 4:00pm
- Wednesday 3:15pm - 4:00pm
- Thursday 3:15pm - 4:00pm
- Friday 3:15pm - 4:00pm
- Saturday 9:15am - 10:00am

- ___ 2 Day \$1980 or 10 payments of \$198
- ___ 1 Day \$990 or 10 payments of \$99
- ___ 10% sibling discount
- ___ Waiver signed

PAYMENT IN FULL OR ** 1st PAYMENT DUE WITH THE REGISTRATION FORM

**** [Number of payments based on start date with First Block payment pro-rated.]**

Payment in Full \$ _____

First Block Payment \$ _____ Start Date _____

I authorize Charleston Tennis, LLC to charge the below credit/debit card for payments the 20th day of each month due. I understand that I must give a written 30 day notice to leave this program for any reason or I will be responsible for a month of tuition and that makeups will only be for inclement weather, illness, injury or exceptional circumstances and must be completed by June 4, 2019. This pricing is based on time blocks and reflects the time missed due to the Volvo Car Open. Should it be necessary for Randy Pate Tennis Academy or Charleston Tennis, LLC to enforce the terms of this agreement or the payment terms of this agreement by and through an attorney, Randy Pate Tennis Academy or Charleston Tennis, LLC 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 # _____

CVV# _____ Exp. Date _____