

5 WEEK PROGRAM APPLICATION FORM

Sutton Racquet Club offers **5 weeks sessions** for all the Classes listed. Simply fill out this application form with your contact information and select the class of your choice.

Choose Classes:

STROKING <input type="checkbox"/>	SERVE RETURN APPROACH VOLLEY <input type="checkbox"/>	STAMINA <input type="checkbox"/>
TENNIS STRATEGY <input type="checkbox"/>	POWER BOOST <input type="checkbox"/>	
DOUBLE TROUBLE <input type="checkbox"/>	CARDIO TENNIS <input type="checkbox"/>	
Dr. FEEL GOOD <input type="checkbox"/>	THE CHAMPS <input type="checkbox"/>	SMORGASBORD OF SURPRISES <input type="checkbox"/>

Choose Session:

2009

Session 1: April 13th to May 15th

AMOUNT: \$

Session 2: May 18th to June 19th

AMOUNT: \$

Session 3: June 22nd to July 24th

AMOUNT: \$

Session 4: June 27th to August 28th

AMOUNT:\$

Session 5: August 31st to October 2nd

AMOUNT:\$

Session 6: October 5th to November 6th

AMOUNT:\$

FIRST NAME _____ LAST NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL: _____

I understand that after my payment is non-refundable. Make-ups only apply to rain days.

Account Information – Print Clearly

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Authorization

Please print and sign:

I, the undersigned, authorize FifthSet International, Inc. to charge the above account for all lessons and tournament fees that I preregistered for. I understand and agree that I am responsible for full payment at the time of the scheduled lesson or upon signing up for a tournament. I understand and agree that my account will be charged if I fail to comply with the FifthSet Programs' 24 hour cancellation policies. I understand that no duly authorized credit card payment(s) will be refunded unless I comply with the FifthSet Programs' refund procedures. I understand and agree that the Sutton Racquet Club is not liable for any debt or contracts of the FifthSet Programs. I understand and agree that FifthSet, its employees, and its agents are not liable for any injuries I may sustain while participating in any FifthSet activity. I am fully aware of the physical and mental demands of the game and agree to waive any rights to take legal actions against FifthSet and/or its affiliates and owners.

Signature(Self or Guardian): _____

Print Name: _____ Date _____