



Child's Name _____

Address _____

City _____ Zip _____

Age _____ D.O.B. _____ M ☐ F ☐

Parent's Name _____

Phone _____

E-mail _____

☐ 7/6-7/10 ☐ 7/13-7/17 ☐ 7/20-7/24 ☐ 7/27-7/31
☐ 8/3-8/7 ☐ 8/10-8/14

☐ Junior Tennis Camp ☐ Per week - \$210 ☐ Per day - \$60

☐ Match Competition Training ☐ 12 days - \$900 ☐ 6 days - \$500 ☐ 1 day - \$90

☐ Drills & Skills ☐ Per week - \$295 ☐ Per day - \$60

☐ Private Lessons Package ☐ 1 hour X 8 - \$960 ☐ ½-hour X 8 - \$560 ☐ Single hour - \$145
☐ Single ½-hour - \$80

☐ Match Play ☐ All 6 days - \$295 ☐ Per day - \$60

Contact 631 363-6063 / eacjrtennis@gmail.com
Gary Gaudio, director

☐ Cash ☐ Check No. _____ ☐ Credit Card No. _____
Expiration _____

Governing law This Contract will be governed by the law of New York. If any part of this Contract is unenforceable, this will not make any other part unenforceable.

Date _____