



Gonzo Tennis Academy



Fall #1- Dates: August 18TH -October 18TH, 2025

NO CLASSES WILL BE HELD LABOR DAY- MONDAY, SEPTEMBER 1ST, 2025

Class:	Day/time Classes are Held: 9-week session			LAC Member Price	Non-Member Price
Tiny Gonzos (Ages 5 & 7)	TUESDAY 4:00-4:45pm Dates: 8/19-10/14	THURSDAY 4:15-5:00pm Dates: 8/21-10/16	SATURDAY 10:30-11:15am Dates: 8/23-10/18	\$146.25 for 1 day per week	\$175.50 for 1 day per week
MIGHTY Gonzos (Ages 8 & 10)	TUESDAY 4:45-5:45pm Dates: 8/19-10/14	THURSDAY 5:00-6:00pm Dates: 8/21-10/16	SATURDAY 11:15-12:15pm Dates: 8/23-10/18	\$180 for 1 day per week	\$216 for 1 day per week
JR Beginners (Ages 11 to 17)	MONDAY 4:00- 5:00pm Dates: 8/18-10/13 NO Class 9/1/2025	WEDNESDAY 4:00- 5:00pm Dates: 8/20-10/15	FRIDAY 4:00- 5:00pm Dates: 8/22-10/17	\$180 for WED/FRI \$160 for Monday	\$216 for WED/FRI \$192 for Monday
JR Intermediates (Ages 11 to 17)	MONDAY 5:00- 6:00pm Dates: 8/18-10/13 NO Class 9/1/2025	WEDNESDAY 5:00- 6:00pm Dates: 8/20-10/15	FRIDAY 5:00- 6:00pm Dates: 8/22-10/17	\$180 for WED/FRI \$160 for Monday	\$216 for WED/FRI \$192 for Monday
ALL CLASSES HELD AT THE LONGMONT ATHLETIC CLUB AT 10 MOUNTAIN VIEW AVENUE, LONGMONT, CO.					
Team Gonzo Tennis (TGT) 12's & Under-Evaluation Required	TUESDAY 5:30-7:00pm (Outdoor Courts) Dates: 8/19-10/14	THURSDAY 4:00-5:30pm Dates: 8/21-10/16	FRIDAY-All Ages 4:30-6:00pm Dates: 8/22-10/17	TEAM GONZO TENNIS RATES: <u>LAC MEMBERS PRICE</u> 1X WEEK \$281.25-T/W/THR/FRI 1X WEEK-\$250/MONDAYS 2X WEEK-\$495-T/W/THR/FRI 2X WEEK-\$467.50/MON+ T/W/THR/FRI 3X WEEK \$652.32-T/W/THR/FRI 3X WEEK-\$628.16/MON+ T/W/THR/FRI <u>NON-MEMBER PRICE</u> 20 % MORE	
Team Gonzo Tennis (TGT) 14's & Under-Evaluation Required	MONDAY 4:00- 5:30pm Dates: 8/18-10/13 NO Class 9/1/2025	WEDNESDAY 4:00- 5:30pm Dates: 8/20-10/15	FRIDAY-All Ages 4:30-6:00pm Dates: 8/22-10/17		
Team Gonzo Tennis (TGT) 18's & Under-Evaluation Required	MONDAY 4:00- 5:30pm Dates: 8/18-10/13 NO Class 9/1/2025	WEDNESDAY 4:00- 5:30pm Dates: 8/20-10/15	FRIDAY-All Ages 4:30-6:00pm Dates: 8/22-10/17		

EMAIL THIS FORM TO: Info@longmontathleticclub.com

Player Name _____ M or F _____ Age _____ LAC Member ___ Yes ___ No
 Home Address _____ City _____ State _____ Zip _____
 Name of Parent or Guardian: _____ Home Ph#: _____ Cell Phone# _____
 E-Mail _____ Emergency Contact Name & Phone # _____

Parent/Participate Release:

I HERBY WAIVE FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS FOREVER, ALL CLAIMS FOR DAMAGES AGAINST THE LONGMONT ATHLETIC CLUB, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, OR AGENTS FROM OR IN ANYWAY CONNECTED WITH ANY AND ALL INJURIES WHICH MAY BE SUFFERED ON OR INCURRED WHILE PARTICIPATING IN THIS ACTIVITY. WHETHER OR NOT AUTHORIZED BY THE LONGMONT ATHLETIC CLUB. THIS WAIVER SHALL BE APPLICABLE EVEN IF MY INJURIES ARISE FROM THE NEGLIGENCE OF THE LONGMONT ATHLETIC CLUB, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES OR AGENTS.

Parent/Participate Signature: _____ Date: _____

Visa/Mstr/AMX/Dis Card# _____ Expiration Date: _____ 3 Digit # on Back _____

Credit Card Billing Address: _____ City _____ State _____ Zip _____

Signature Auth. Payment by Credit Card _____ Date: _____