Gonzo Tennis Academy

Fall #1- Dates: August 17TH -October 17TH, 2026

NO CLASSES WILL BE HELD LABOR DAY- MONDAY, SEPTEMBER 7th, 2026

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: 8/18-10/13	THURSDAY 4:15-5:00pm Dates: 8/20-10/15	SATURDAY 10:30-11:15am Dates: 8/22-10/17	$157.50 for 1 day per week T/TH/SAT	$189 for 1 day per week T/TH/SAT
MIGHTY Gonzos (Ages 8 & 10)	TUESDAY 4:45-5:30pm Dates: 8/18-10/13	THURSDAY 5:00-6:00pm Dates: 8/20-10/15	SATURDAY 11:15-12:15pm Dates: 8/22-10/17	$157.50 for Tues $180 for 1 day per week TH/SAT	$189 for Tues $216 for 1 day per week TH/SAT
JR Beginners (Ages 11 to 17)	MONDAY 4:00- 5:00pm Dates: 8/17-10/12 NO Class 9/7/2026	WEDNESDAY 4:00- 5:00pm Dates: 8/19-10/14	FRIDAY 4:00- 5:00pm Dates: 8/21-10/16	$160 for Monday $180 for WED/FRI	$192 for Monday $216 for WED/FRI
JR Intermediates (Ages 11 to 17)	MONDAY 5:00- 6:00pm Dates: 8/17-10/12 NO Class 9/7/2026	WEDNESDAY 5:00- 6:00pm Dates: 8/19-10/14	FRIDAY 5:00- 6:00pm Dates: 8/21-10/16	$160 for Monday $180 for WED/FRI	$192 for Monday $216 for WED/FRI
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: 8/18-10/13	THURSDAY 4:00-5:30pm Dates: 8/20-10/15	FRIDAY 4:00-5:30pm Dates: 8/21-10/16	TEAM GONZO TENNIS RATES: LAC MEMBERS PRICE 1X WEEK $297-T/W/THR/FRI 1X WEEK-$264/MONDAYS 2X WEEK $540-T/W/THR/FRI 2X WEEK-$510/MON+ T/W/THR/FRI 3X WEEK $756-T/W/THR/FRI 3X WEEK-$728/MON+ T/W/THR/FRI NON-MEMBER PRICE 20 % MORE	
Team Gonzo Tennis (TGT) 14's & Under- Evaluation Required	MONDAY 4:00- 5:30pm Dates: 8/17-10/12 NO Class 9/7/2026	WEDNESDAY 4:00- 5:30pm Dates: 8/19-10/14	FRIDAY 4:00-5:30pm Dates: 8/21-10/16		
Team Gonzo Tennis (TGT) 18's & Under- Evaluation Required	MONDAY 4:00- 5:30pm Dates: 8/17-10/12 NO Class 9/7/2026	WEDNESDAY 4:00- 5:30pm Dates: 8/19-10/14	FRIDAY 4:00-5:30pm Dates: 8/21-10/16		

EMAIL THIS FORM TO: Info@longmontathleticclub.com

REGISTRATION FORM

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 # _____

Participant Release:

I HEARBY 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.

Signature: _____ Date: _____

Visa/Mastercard/AMX/# _____ Exp Date: _____ 3 Digit #: _____ Zip Code:_____

Name on Credit Card _____ Signature: _____