



Gonzo Tennis Academy



Fall #2- 2025 -Dates: October 20TH - December 20TH,2025

NO CLASSES HELD THE WEEK OF THANKSGIVING: NOVEMBER 24th -29th

Class:	Day/time Classes are Held: 8- week session			LAC Member Price	Non-Member Price
Tiny Gonzos (Ages 5 & 7)	TUESDAY 4:15-5:00pm Dates: 10/21-12/16	THURSDAY 4:15-5:00pm Dates: 10/23-12/18	SATURDAY 10:30-11:15am Dates: 10/25-12/20	\$130 for 1 day per week T/TH/SAT	\$146 for 1 day per week T/TH/SAT
MIGHTY Gonzos (Ages 8 & 10)	TUESDAY 5:00-6:00pm Dates: 10/21-12/16	THURSDAY 5:00-6:00pm Dates: 10/23-12/18	SATURDAY 11:15-12:15pm Dates: 10/25-12/20	\$160 for 1 day per week T/TH/SAT	\$192 for 1 day per week T/TH/SAT
JR Beginners (Ages 11 to 17)	MONDAY 4:00- 5:00pm Dates: 10/20-12/15	WEDNESDAY 4:00- 5:00pm Dates: 10/22-12/17	FRIDAY 4:00- 5:00pm Dates: 10/24-12/19	\$160 for 1 day per week M/W/F	\$192 for 1 day per week M/W/F
JR Intermediates (Ages 11 to 17)	MONDAY 5:00- 6:00pm Dates: 10/20-12/15	WEDNESDAY 5:00- 6:00pm Dates: 10/22-12/17	FRIDAY 5:00- 6:00pm Dates: 10/24-12/19	\$160 for 1 day per week M/W/F	\$192 for 1 day per week M/W/F
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 4:30-6:00pm Dates: 10/21-12/16	THURSDAY 4:00-5:30pm Dates: 10/23-12/18	FRIDAY-All Ages 4:00- 5:30pm Dates: 10/24-12/19	TEAM GONZO TENNIS RATES: <u>LAC MEMBERS PRICE</u> 1X WEEK \$250 2X WEEK \$440 3X WEEK \$580 <u>NON-MEMBER PRICE</u> 20 % MORE	
Team Gonzo Tennis (TGT) 14's & Under- Evaluation Required	MONDAY 4:00- 5:30pm Dates: 10/20-12/15	WEDNESDAY 4:30- 6:00pm Dates: 10/22-12/17	FRIDAY-All Ages 4:00- 5:30pm Dates: 10/24-12/19		
Team Gonzo Tennis (TGT) 18's & Under- Evaluation Required	MONDAY 4:00- 5:30pm Dates: 10/20-12/15	WEDNESDAY 4:30-6:00pm Dates: 10/22-12/17	FRIDAY-All Ages 4:00- 5:30pm Dates: 10/24-12/19		

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 # _____

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: _____ CC billing zip code: _____