



GONZO TENNIS ACADEMY



FALL #2 -ADULT LESSONS – 2025

Class:	Day/Times Classes are Held:	
Adult Beginners Group Class 1 st Session 5- WEEKS 2 nd Session 4- WEEKS	MONDAYS 5:30-7:00pm Session# 1: 10/13/25-11/10/25 Session# 2: 11/17/25-12/15/25 No class held 11/24- Thanksgiving week PRICE: \$187.50/MEMBER FOR 5 CLASSES \$225/NON-MEMBER FOR 5 CLASSES \$150/MEMBER FOR 4 CLASSES \$180/NON-MEMBER FOR 4 CLASSES *Limited to 8 participants	THURSDAYS 6:00pm-7:00pm Session# 1: 10/16/25-11/13/25 Session# 2: 11/20/25-12/18/25 No class held 11/27- Thanksgiving week PRICE: \$125/MEMBER FOR 5 CLASSES \$150/NON-MEMBER FOR 5 CLASSES \$100/MEMBER FOR 4 CLASSES \$120/NON-MEMBER FOR 4 CLASSES *Limited to 6 participants
Adult Intermediates Group Class 1 st Session 5- WEEKS 2 nd Session 4- WEEKS	FRIDAYS 5:30-7:00pm Session# 1: 10/17/25-11/14/25 Session# 2: 11/21/25-12/19/25 No class held 11/28- Thanksgiving week PRICE: \$187.50/MEMBER FOR 5 CLASSES \$225/NON-MEMBER FOR 5 CLASSES \$150/MEMBER FOR 4 CLASSES \$180/NON-MEMBER FOR 4 CLASSES *Limited to 10 participants	
Adult Intermediate Drop-in	ADULT INTERMEDIATE-SATURDAYS 1:00pm-2:30pm Dates: 8/23/25-4/18/25 PRICE: \$32/MEMBERS \$38/NON-MEMBERS CALL TO RESERVE A SPOT 24-HRS BEFORE CLASS TIME! *Limited to 12 participants	NTRP CLUBS 3.0 TUESDAYS- 3.5 WEDNESDAYS - 4.0 THURSDAYS 1:00pm-2:30pm Dates: 8/19/25 – Ongoing class PRICE: \$32/MEMBERS \$38/NON-MEMBERS

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 HEREBY 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/Discover Card# _____ Exp Date: _____ 3 Digit # on Back _____ Zip _____