Gonzo Tennis Academy

FALL #1 ADULT LESSONS – 2026

Class:	Day/Times Classes are Held:	
Adult Beginners **1ST Session 3/4-WEEKS** **2nd Session 4-WEEKS**	**MONDAYS** **5:30-7:00pm** **Session# 1: 8/17/26-9/7/26** **NO CLASS 9/7/26- LABOR DAY** **Session# 2: 9/14/26-10/05/26** **PRICE $112.50/MEMBER FOR 3 CLASSES** **$135/NON-MEMBER FOR 3 CLASSES** **$150/MEMBER FOR 4 CLASSES** **$180/NON-MEMBER FOR 4 CLASSES** ***Limited to 6 participants**	**THURSDAYS** **5:30pm-7:00pm** **Session# 1: 8/20/26-9/10/26** **Session# 2: 9/17/26-10/8/26** **PRICE: $150/MEMBER $180/NON-MEMBER** ***Limited to 6 participants**
Adult Intermediates **1st and 2nd Session 4- WEEKS**	**WEDNESDAY** **5:30-7:00pm** **OUTDOOR TENNIS COURTS** **Session# 1: 8/19/26-9/09/26** **Session# 2: 9/16/26-10/7/26** **PRICE: $150/MEMBER $180/NON-MEMBER** ***Limited to 10 participants**	**FRIDAYS** **5:30-7:00pm** **Session# 1: 8/21/26-9/11/26** **Session# 2: 9/18/26-10/09/26** **PRICE: $150/MEMBER $180/NON-MEMBER** ***Limited to 10 participants**
Adult Intermediate Drop-in	**ADULT INTERMEDIATE DROP-IN** **SATURDAYS** **1:00pm-2:30pm** **Dates: 8/22/26-Ongoing Class** **PRICE: $32/MEMBERS $38/NON-MEMBERS** **CALL TO RESERVE A SPOT 24-HRS BEFORE CLASS TIME at 303.772.4700** ***Limited to 12 participants**	**NTRP CLUBS** **3.0 NTRP LEVEL TUESDAYS** **3.5 NTRP LEVEL WEDNESDAYS** **4.0 NTRP LEVEL THURSDAYS** **1:00pm-2:30pm** **Dates: 8/18/26 – 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 _____

NTRP Level: _____ 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: _____ 3/4 Digit # on Back _____ Zip _____

Name on Credit Card _____ Signature: _____