



# Gonzo Tennis Academy

## ADULT LESSONS – SPRING – 2026



Class:	Day/Times Classes are Held:	
<b>Adult Beginners Group Class</b>  <b>1<sup>st</sup> and 2<sup>nd</sup> Session</b> <b>4- WEEKS</b>	<u><b>MONDAYS</b></u> <b>5:30-7:00pm</b> <b>Session #1 Dates: 3/23-4/13</b> <b>Session #2 Dates: 4/20-5/11</b> <u><b>PRICE: \$140/MEMBER</b></u> <u><b>\$168/NON-MEMBER</b></u>  *Limited to 6 participants	<u><b>THURSDAYS</b></u> <b>6:00pm-7:30pm</b> <b>Session #1 Dates: 3/26-4/16</b> <b>Session #2 Dates: 4/23-5/14</b> <u><b>PRICE: \$140/MEMBER</b></u> <u><b>\$168/NON-MEMBER</b></u>  *Limited to 6 participants
<b>Adult Intermediates Group Class</b>  <b>1<sup>st</sup> and 2<sup>nd</sup> Session</b> <b>4- WEEKS</b>	<u><b>WEDNESDAY</b></u> <b>5:30-7:00pm</b> <b>Session #1 Dates: 3/25-4/15</b> <b>Session #2 Dates: 4/22-5/13</b> <u><b>PRICE: \$140/MEMBER</b></u> <u><b>\$168/NON-MEMBER</b></u>  *Limited to 6 participants	<u><b>FRIDAYS</b></u> <b>5:30-7:00pm</b> <b>Session #1 Dates: 3/27-4/17</b> <b>Session #2 Dates: 4/24-5/15</b> <u><b>PRICE: \$140/MEMBER</b></u> <u><b>\$168/NON-MEMBER</b></u>  *Limited to 8 participants
<b>Adult Intermediate Classes- (Drop in/Call In)</b>	<u><b>ADULT INTERMEDIATE-SATURDAY</b></u> <b>1:00pm-2:30pm</b>  <u><b>PRICE: \$32/MEMBERS</b></u> <u><b>\$38/NON-MEMBERS</b></u> <b>CALL TO RESERVE A SPOT</b> <b>24-HRS BEFORE CLASS TIME</b> <b>at 303.772.4700</b> *Limited to 12 participants	<u><b>NTRP CLUBS- Drop in Class</b></u>  <b>3.0 LEVEL TUESDAY - 3.5 LEVEL WEDNESDAY -</b> <b>4.0 LEVEL THURSDAY</b> <b>1:00pm-2:30pm</b> <u><b>PRICE:</b></u> <b>\$32/MEMBERS    \$38/NON-MEMBERS</b>
		<b>EMAIL THIS FORM TO:</b> <b>INFO@LONGMONTATHLETICCLUB.COM</b>

### REGISTRATION FORM

Player Name \_\_\_\_\_ M or F \_\_\_\_\_ Age \_\_\_\_\_ LAC Member \_\_ Yes \_\_ No  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tennis NTRP Level: \_\_\_\_\_ Home Ph#: \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
 Email: \_\_\_\_\_ 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 \_\_\_\_\_  
 Signature Auth. Payment by Credit Card \_\_\_\_\_ Date: \_\_\_\_\_ Name on Credit card: \_\_\_\_\_