



Gonzo Tennis Academy



SUMMER #2- 2024 -Dates: JULY 8TH – AUGUST 3RD

4-WEEK SESSION

Class:	Day/time Classes are Held:			LAC Member Price	Non-Member Price
TINY Gonzos (Ages 5,6 & 7)	TUESDAY 4:15-5:00pm Dates: 7/9-7/30		SATURDAY 8:45-9:30am Dates: 7/13-8/3	\$82 for 1 day per week T/SAT	\$108 for 1 day per week T/SAT
MIGHTY Gonzos (Ages 8,9 & 10)	TUESDAY 5:00-6:00pm Dates: 7/9-7/30		SATURDAY 9:30-10:30am Dates: 7/13-8/3	\$108 for 1 day per week T/SAT	\$144 for 1 day per week T/SAT
JR Beginners (Ages 11 to 16)	MONDAY 3:30- 4:30pm Dates: 7/8-7/29	WEDNESDAY 3:30- 4:30pm Dates: 7/10-7/31		\$108 for 1 day per week M/W	\$144 for 1 day per week M/W
JR Intermediates (Ages 11 to 16)	MONDAY 4:30- 5:30pm Dates: 7/8-7/29	WEDNESDAY 4:30- 5:30pm Dates: 7/10-7/31	FRIDAY 3:30- 4:30pm Dates: 7/12-8/2	\$108 for 1 day per week M/W/F	\$144 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	MONDAY 4:30-6:00pm Dates: 7/8-7/29	THURSDAY 4:00-5:30pm Dates: 7/11-8/1		TEAM GONZO TENNIS RATES: 1X WEEK- \$190 MEMBER \$228 NON-MEMBER 2X WEEK \$330 MEMBER \$396 NON-MEMBER 3X WEEK \$440 MEMBER \$528 NON-MEMBER	
Team Gonzo Tennis (TGT) 14's & Under- Evaluation Required	MONDAY 4:30-6:00pm Dates: 7/8-7/29	WEDNESDAY 5:30- 7:00pm Dates: 7/10-7/31			
Team Gonzo Tennis (TGT) 18's & Under- Evaluation Required	MONDAY 4:30-6:00pm Dates: 7/8-7/29	WEDNESDAY 5:30- 7:00pm Dates: 7/10-7/31			
Team Gonzo Tennis (TGT) ALL AGES- Evaluation Required	FRIDAY 4:30-6:00pm Dates: 7/12-8/2				

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 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.

Parent/Participate Signature: _____ Date: _____

Visa/Mstr/AMX/Dis Card# _____ Expiration Date: _____ CC billing zip code: _____