



Gonzo Tennis Academy

SUMMER #1- 2026 Dates: JUNE 1st – JUNE 27TH
4-WEEK SESSION



Class:	Day/time Classes are Held:			LAC Member Price for 4wks	Non-Member Price for 4wks
TINY Gonzos (Ages 5,6 & 7)	TUESDAY 4:15-5:00pm Dates: 6/2-6/23		SATURDAY 8:45-9:30am Dates: 6/6-6/27	\$75 for 1 day per week T/SAT	\$90 for 1 day per week T/SAT
MIGHTY Gonzos (Ages 8,9 & 10)	TUESDAY 5:00-6:00pm Dates: 6/2-6/23		SATURDAY 9:30-10:30am Dates: 6/6-6/27	\$90 for 1 day per week T/SAT	\$108 for 1 day per week T/SAT
JR Beginners (Ages 11 to 16)		WEDNESDAY 3:00- 4:00pm Dates: 6/3-6/24		\$90 for 1 day per week WED	\$108 for 1 day per week WED
JR Intermediates (Ages 11 to 16)	MONDAY 3:00- 4:00pm Dates: 6/1-6/22		FRIDAY 3:00- 4:00pm Dates: 6/5-6/26	\$90 for 1 day per week M/F	\$108 for 1 day per week M/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 4:00-5:30pm Dates: 6/1-6/22		FRIDAY 4:00-5:30pm Dates: 6/5-6/26	TEAM GONZO TENNIS RATES: 1X WEEK- \$140 MEMBER \$168 NON-MEMBER 2X WEEK \$260 MEMBER \$312 NON-MEMBER 3X WEEK \$360 MEMBER \$432 NON-MEMBER	
Team Gonzo Tennis (TGT) 14's & Under-Evaluation Required	MONDAY 4:00-5:30pm Dates: 6/1-6/22	WEDNESDAY 4:00- 5:30pm Dates: 6/3-6/24	FRIDAY 4:00-5:30pm Dates: 6/5-6/26		
Team Gonzo Tennis (TGT) 18's & Under-Evaluation Required	MONDAY 4:00-5:30pm Dates: 6/1-6/22	WEDNESDAY 4:00- 5:30pm Dates: 6/3-6/24	FRIDAY 4:00-5:30pm Dates: 6/5-6/26		

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 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/Discover Card# _____ Exp Date: _____ 3 Digit #: _____ Zip Code: _____

Name on Credit Card _____ Signature: _____