



# Gonzo Tennis Academy

SUMMER #2- 2026 Dates: JULY 6<sup>TH</sup> – AUGUST 8<sup>TH</sup>

5-WEEK SESSION



Class:	Day/time Classes are Held:			LAC Member Price for 5-wks	Non-Member Price for 5-wks
<b>TINY Gonzos</b> (Ages 5,6 & 7)	TUESDAY 4:15-5:00pm Dates: 7/7-8/4		SATURDAY 8:45-9:30am Dates: 7/11-8/8	\$94 for 1 day per week T/SAT	\$113 for 1 day per week T/SAT
<b>MIGHTY Gonzos</b> (Ages 8,9 & 10)	TUESDAY 5:00-6:00pm Dates: 7/7-8/4		SATURDAY 9:30-10:30am Dates: 7/11-8/8	\$112 for 1 day per week T/SAT	\$135 for 1 day per week T/SAT
<b>JR Beginners</b> (Ages 11 to 16)		WEDNESDAY 3:00- 4:00pm Dates: 7/8-8/5		\$112 for 1 day per week WED	\$135 for 1 day per week WED
<b>JR Intermediates</b> (Ages 11 to 16)	MONDAY 3:00-4:00pm Dates: 7/6-8/3		FRIDAY 3:00- 4:00pm Dates: 7/10-8/7	\$112 for 1 day per week M/F	\$135 for 1 day per week M/F
<b>ALL CLASSES HELD AT THE LONGMONT ATHLETIC CLUB AT 10 MOUNTAIN VIEW AVENUE, LONGMONT, CO.</b>					
<b>Team Gonzo Tennis (TGT) 12'S &amp; Under- Evaluation Required</b>	MONDAY 4:00-5:30pm Dates: 7/6-8/3		FRIDAY 4:00-5:30pm Dates: 7/10-8/7	<b>TEAM GONZO TENNIS RATES:</b>  1X WEEK- \$175 MEMBER <b>\$210 NON-MEMBER</b>  2X WEEK \$325 MEMBER <b>\$390 NON-MEMBER</b>  3X WEEK \$450 MEMBER <b>\$540 NON-MEMBER</b>	
<b>Team Gonzo Tennis (TGT) 14's &amp; Under- Evaluation Required</b>	MONDAY 4:00-5:30pm Dates: 7/6-8/3	WEDNESDAY 4:00- 5:30pm Dates: 7/8-8/5	FRIDAY 4:00-5:30pm Dates: 7/10-8/7		
<b>Team Gonzo Tennis (TGT) 18's &amp; Under- Evaluation Required</b>	MONDAY 4:00-5:30pm Dates: 7/6-8/3	WEDNESDAY 4:00- 5:30pm Dates: 7/8-8/5	FRIDAY 4:00-5:30pm Dates: 7/10-8/7		

**EMAIL THIS FORM TO: [Info@longmontathleticclub.com](mailto: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: \_\_\_\_\_