



# Gonzo Tennis Academy



## ADULT LESSONS – SUMMER # 1&2- 2026

1<sup>st</sup> session: 6/1/26-6/26/26    2<sup>nd</sup> session: 7/6/26-8/7/26

Class:	Day/Times Classes are Held:	
<b>Adult Beginner Group Lesson</b> 1st session- 4 weeks 2nd session- 5 weeks	<u><b>MONDAYS</b></u> <b>5:30-7:00pm</b> <b>Session #1 Dates: 6/1-6/22</b> <b>Session #2 Dates: 7/6-8/3</b>  <u>PRICE</u> 4-week: \$140/MEMBER \$168/NON-MEMBER <u>PRICE</u> 5-week: \$175/MEMBER \$210/NON-MEMBER  *Limited to 6 participants	<u><b>THURSDAYS</b></u> <b>5:30-7:00pm</b> <b>Session #1 Dates: 6/4-6/25</b> <b>Session #2 Dates: 7/9-8/6</b>  <u>PRICE</u> 4-week: \$140/MEMBER \$168/NON-MEMBER <u>PRICE</u> 5-week: \$175/MEMBER \$210/NON-MEMBER  *Limited to 6 participants
<b>Adult Intermediate Group Lesson</b> 1st session- 4 weeks 2nd session- 5 weeks	<u><b>WEDNESDAYS</b></u> <b>5:30-7:00pm</b> <b>Session #1 Dates: 6/3-6/24</b> <b>Session #2 Dates: 7/8-8/5</b>  <u>PRICE</u> 4-week: \$140/MEMBER \$168/NON-MEMBER <u>PRICE</u> 5-week: \$175/MEMBER \$210/NON-MEMBER  *Limited to 10 participants	<u><b>FRIDAYS</b></u> <b>5:30-7:00pm</b> <b>Session #1 Dates: 6/5-6/26</b> <b>Session #2 Dates: 7/10-8/7</b>  <u>PRICE</u> 4-week: \$140/MEMBER \$168/NON-MEMBER <u>PRICE</u> 5-week: \$175/MEMBER \$210/NON-MEMBER  *Limited to 10 participants
<b>Adult Intermediate Drop-in</b>	<u><b>ADULT DROP-IN SATURDAYS</b></u> <b>10:30-12:00pm- SUMMER SCHEDULE</b> <b>Session #1 Dates: 6/6-6/27</b> <b>Session #2 Dates: 7/11-8/8</b>  <u>PRICE: \$32/MEMBERS \$38/NON-MEMBERS</u> <b>CALL TO RESERVE A SPOT 24-HRS BEFORE CLASS TIME at 303.772.4700</b>	

**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 \_\_\_\_\_

NTRP Level: \_\_\_\_\_ Home Ph#: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

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 \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Signature: \_\_\_\_\_