



GONZO TENNIS ACADEMY

WINTER -ADULT LESSONS – 2026



Class:	Day/Times Classes are Held:	
Adult Beginners Group Class 1st and 2nd Session 5- WEEKS	<u>MONDAY</u> 5:30-7:00pm Session# 1: 1/5/26-2/2/26 Session# 2: 2/9/26-3/9/26 <u>PRICE:</u> \$210/MEMBER for 5 CLASSES \$252/NON-MEMBER for 5 CLASSES *Limited to 6 participants	<u>THURSDAY</u> 6:00pm-7:00pm Session# 1: 1/8/26-2/5/26 Session# 2: 2/12/26-3/12/26 <u>PRICE:</u> \$175/MEMBER for 5 CLASSES \$210/NON-MEMBER for 5 CLASSES *Limited to 6 participants
Adult Intermediates Group Class 1st and 2nd Session 5- WEEKS	<u>FRIDAY</u> 5:30-7:00pm Session# 1: 1/9/26-2/6/26 Session# 2: 2/13/26-3/13/26 <u>PRICE:</u> \$210/MEMBER for 5 CLASSES \$252/NON-MEMBER for 5 CLASSES *Limited to 10 participants	
Adult Intermediate Classes	<u>ADULT INTERMEDIATE-SATURDAY</u> 1:00pm-2:30pm Dates: 8/31/25-4/11/26 <u>PRICE:</u> \$32/MEMBERS \$38/NON-MEMBERS CALL TO RESERVE A SPOT 24-HRS BEFORE CLASS TIME at 303.772.4700 *Limited to 12 participants	<u>NTRP CLUBS</u> 3.0 TUESDAY- 3.5 WEDNESDAY - 4.0 THURSDAY 1:00pm-2:30pm Dates: 8/27/25 – Ongoing class <u>PRICE:</u> \$32/MEMBERS \$38/NON-MEMBERS

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 HERBY 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 _____