

# HUDSON VALLEY HEALTH & TENNIS CLUB

## PRE-PAID LESSON AND ADULT GROUP APPLICATION

Date: _____
Amount Pd: _____
VISA M/C Amex# _____
Check#    Cash _____
Office use only _____

Name: \_\_\_\_\_ Level: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### PRE-PAID LESSONS:

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ FEE: \_\_\_\_\_ PRO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ BEG. DATE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ FEE: \_\_\_\_\_ PRO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ BEG. DATE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ FEE: \_\_\_\_\_ PRO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ BEG. DATE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ FEE: \_\_\_\_\_ PRO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ BEG. DATE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ FEE: \_\_\_\_\_ PRO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ BEG. DATE: \_\_\_\_\_

### ADULT GROUPS:

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ FEE: \_\_\_\_\_ PRO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ BEG. DATE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ FEE: \_\_\_\_\_ PRO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ BEG. DATE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ FEE: \_\_\_\_\_ PRO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ BEG. DATE: \_\_\_\_\_

*The undersigned understands that payments must be made in full before the beginning of each pre paid series. NO REFUNDS will be given after lessons have commenced.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_