



**Randy Pate Tennis Academy at Family Circle Tennis Center
2018/2019 AFTER SCHOOL HIGH PERFORMANCE REGISTRATION
NOVEMBER 7, 2018 - JUNE 4, 2019**

Player Name _____ Birthday _____

Parent's Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Emergency Contact Name&# _____

Allergies or Medical Conditions: _____

TIMES AND RATES

___ 3 Day	M T W TH F S*	4:00pm - 6:00pm	\$5880 or 10 payments of \$588
___ Unlimited		4:00pm - 6:00pm	\$7840 or 10 payments of \$784
*Saturday sessions held from 10:00am-12:00 pm			___ 10% sibling discount
			___ Waiver signed

PAYMENT IN FULL

OR

**** 1st PAYMENT DUE WITH THE REGISTRATION FORM**

**** [Number of payments based on start date with First Block payment pro-rated.]**

Payment in Full \$ _____

First Block Payment \$ _____ Start Date _____

I authorize Charleston Tennis, LLC to charge the below credit/debit card for payments the 20th day of the month due. By signing this I understand that I must give a 30 day written notice to leave the program and that refunds or makeups will take place only for inclement weather, injury, illness or an exceptional circumstance as determined by Randy Pate Tennis Academy. This pricing is based on time blocks and reflects the time missed due to the Volvo Car Open. Should it be necessary for Randy Pate Tennis Academy or Charleston Tennis, LLC to enforce the terms of this agreement or the payment terms of this agreement by and through an attorney, Randy Pate Tennis Academy or Charleston Tennis, LLC shall be entitled to collect all attorney's fees and costs expended in the enforcement of the terms of the agreement. I agree that I am the responsible party and in signing this agreement I agree to be responsible for and pay all fees associated with this program.

Signature _____

Date _____

Credit Card # _____

CVV # _____

Exp. Date _____