



**Randy Pate Tennis Academy at LTP Daniel Island**  
**161 Seven Farms Drive, Daniel Island 843-849-5300**

**2019/2020 REGISTRATION U18 Yellow Ball Beginner/Intermediate**

**AUGUST 26, 2019 - JUNE 5, 2020**

Player Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Emergency Contact / # \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

**TIMES AND RATES**

Monday  5:00pm-6:30pm  
Tuesday  5:00pm-6:30pm  
Wednesday  5:00pm-6:30pm  
Thursday  5:00pm-6:30pm  
Friday  5:00pm-6:30pm

\_\_\_ Unlimited \$5500 or 10 payments of \$550  
\_\_\_ 3 Day \$4400 or 10 payments of \$440  
\_\_\_ 2 Day \$3300 or 10 payments of \$330  
\_\_\_ 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 20<sup>th</sup> day of the month due. I understand that I must give a written 30 day notice to leave this program for any reason or I will be responsible for a month of tuition and that makeups will only be for inclement weather, illness, injury or exceptional circumstances and must be completed by June 5, 2020. This pricing is based on 10 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 \_\_\_\_\_