



# PATE ACADEMY

## AT LTP TENNIS

### 2020/2021 REGISTRATION - ORANGE BALL - BEGINNER AND INTERMEDIATE

**AUGUST 24, 2020 - JUNE 4, 2021**

Player Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Contact Name & # \_\_\_\_\_

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

#### TIMES AND RATES

Monday  4:00pm-5:00pm  
 Tuesday  4:00pm-5:00pm  
 Wednesday  4:00pm-5:00pm  
 Thursday  4:00pm-5:00pm  
 Friday  4:00pm-5:00pm

\_\_\_ 3 times a week - \$3,000 or 10 payments of \$300  
 \_\_\_ 2 times a week - \$2,200 or 10 payments of \$220  
 \_\_\_ 10% sibling discount  
 \_\_\_ Waiver signed

Payment dates as follows: August 17, 2020, September 14, 2020, October 12, 2020, November 9, 2020, December 7, 2020, January 4, 2021, February 1, 2021, March 1, 2021, April 1, 2021, and May 1, 2021

#### PAYMENT IN FULL OR 1<sup>st</sup> PAYMENT DUE WITH REGISTRATION

Payment in Full \$ \_\_\_\_\_ or First Payment \$ \_\_\_\_\_ Start Date \_\_\_\_\_

I authorize Charleston Tennis LLC dba LTP Tennis, LLC to charge the below credit/debit card for payments at this time and in the future as agreed to with Pate Academy and by this registration. I understand that I must give a written 4-week notice to leave this program for any reason or I will be responsible for the next installment tuition payment. I also understand that refunds or makeups will take place only for injury, illness, or exceptional circumstances, as determined by Pate Academy. Should it be necessary for Pate Academy or Charleston Tennis LLC dba LTP Tennis, LLC to enforce the terms of this agreement or the payment terms of this agreement by and through an attorney, Pate Academy or Charleston Tennis LLC dba LTP 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.

Credit Card # \_\_\_\_\_ CVV # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_