

# MIDTOWN TENNIS CLUB

## ADULT INDOOR COLLEGE – NOVEMBER 2021

**LEVEL 1 – BEGINNER:** For the total beginner, no experience necessary.

**LEVEL 2 – ADVANCED BEGINNER:** For players with some experience. Class covers all strokes.

**LEVEL 3 – INTERMEDIATE:** For players familiar with the game and want to improve consistency and technique.

**LEVEL 4 – ADVANCED:** For the more experienced player who is forming a competent game.

*PLEASE NOTE: WE RESERVE THE RIGHT TO MOVE PLAYERS TO THE APPROPRIATE LEVEL/CLASS AT ANY TIME DURING THE MONTH.*

### CLASS SCHEDULE

	<b>MONDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
	<b>November 1, 8, 15</b>	<b>November 3, 10, 17</b>	<b>November 4, 11, 18</b>	<b>November 5, 12, 19</b>	<b>November 6, 13, 20</b>	<b>November 7, 14, 21</b>
<b>6-7 PM</b>				Levels 1,2,3,4		
<b>7-8 PM</b>				Levels 1,2,3, 4		
<b>2-3 PM</b>					Levels 2, 3	Levels 1, 3
<b>3-4 PM</b>					Levels 1, 2	Levels 1, 2
<b>4-5 PM</b>					Levels 2, 3	Levels 3, 4
<b>5-7 PM</b>						Levels 3, 4
<b>8-9 PM</b>	Levels 2, 3	Levels 1, 3	Levels 3, 4			
<b>9-10 PM</b>			Levels 1, 2, 3			

**3-ONE HOUR CLASSES = \$165**  
**3-TWO HOUR CLASSES = \$330**

**MAX OF 4 STUDENTS PER CLASS TO ACCOMMODATE SOCIAL DISTANCING  
 RESERVATIONS ARE FINAL / NO REFUNDS OR MAKEUPS GIVEN FOR MISSED CLASSES**

1. Patrons, all of whom are adults, in consideration of the privilege of using the club's facilities, hereby release the Club and hereby discharge its officers, directors, agents and employees in connection with the use of the Club facilities from all losses and damages, suits, payments and judgments, including attorney's fees, arising from personal injuries including death which may result from use of the Club's facilities, whether or not such injuries are the result of ordinary or gross negligence.

2. The Club is not responsible for any personal property left in the locker rooms, or any part of the facility.

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE (Cell) \_\_\_\_\_ (O) \_\_\_\_\_

LEVEL \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ AMOUNT \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXP \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*I understand and agree to all of the terms and conditions and have read the COVID-19 safety guidelines*

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