

Beginner Classes

Indoor 2009/10

New! Reduced rates for beginners only.

\$25 per class
5-Class Sessions \$100

Mondays & Wednesdays

12 – 1 p.m. or 1 – 2 p.m.

November 2 – April 28

Four players per court maximum

The Prospect Park Tennis Center at the Parade Ground is a program of the Prospect Park Alliance.
Proceeds go toward the ongoing maintenance of the Tennis Center.

TENNIS CENTER

(718) 436-2500 phone
(718) 972-2690 fax
www.prospectpark.org/tennis

Beginner Classes Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Emergency Contact Name & Number _____

Please check next to your choice:

\$25 class session

\$100 for 5-Class session

Full payment is required at the beginning of each session.

Mail completed registration form and payment to: Prospect Park Alliance, 95 Prospect Park West, Brooklyn, NY 11215 or bring directly to the Tennis Center at 50 Parkside Avenue.

Make all checks payable to: Prospect Park Alliance Tennis (PPA Tennis).

Waiver and Release from Liability: The participant (parent/guardian if under 18 years of age) assumes full responsibility for the risk of injury while participating in all activities at the Prospect Park Tennis Center. The participant and their parent/guardian agree to hold harmless and indemnify NYC Parks and Recreation, Prospect Park Alliance and the Prospect Park Tennis Center from all liability, loss, cost, claim or damage resulting from participating in any activity at the Prospect Park Tennis Center, and grant permission for the promotional use of photos of participants at the Prospect Park Tennis Center.

Signature _____ Date _____

Give a kid the gift of game.

Consider enclosing a contribution with your payment. Your gift will support scholarships for children in the Junior Development Program at the Tennis Center. All contributions are fully tax deductible.

“Yes, I will add \$ _____ as a contribution to the Jr. Development Scholarship fund.”

Class Cost: \$ _____ Contribution: \$ _____ Total: \$ _____

Cash/Check/Credit Card#: _____ Exp. Date: _____ Cv2#: _____

Cardholder Name (print): _____

Signature _____ Date _____