

POLO TENNIS CLUB

AUSTIN, TEXAS

Polo Tennis Junior Academy & Full Time Tennis Schedule & Pricing Summer 2016

FULL TIME TENNIS:

Monday thru Friday 10:30am-12:30pm & 1:00-3:00

Non Member 5 days a week - \$425/week	Member 5 days a week - \$350/week
Non Member 5 days a week - \$1500/mth	Member 5 days a week - \$1,375/mth
Non Member daily drop in rate: \$90/day	Member daily drop in rate: \$75/day

JUNIOR ACADEMY:

Tuesday, Wednesday, Thursday 10:30am-12:30pm (Little Longhorns, ZATS, Champs)

MONTHLY RATES:		
Non Member 1 week-\$200/mth	Member 1 week only -\$175/ mth	
Non Member 2 days a week - \$350/mth	Member 2 days a week - \$300/mth	Non Member daily drop in rate: \$60
Non Member 3 days a week - \$400/mth	Member 3 days a week - \$325/mth	Member daily drop in rate: \$45
WEEKLY RATES:		
Non Member 2 days- \$115/week	Member 2 days- \$75/week	
Non Member 3 days- \$135/week	Member 3 days- \$100/week	

QUICKSTART 8:30am-9:30am & HOT SHOTS 9:30am-10:30am

Monday & Wednesday

Non Member 1 day a week-\$120/mth	Member 1 week only -\$75/mth	Member Drop In rate: \$25
Non Member 2 days a week - \$200/mth	Member 2 days a week - \$120/mth	Non Member daily drop in rate: \$30

Billing Policy:

Monthly/ weekly pricing will NOT be prorated for any reason. If you miss class you may make it up with in the same month by letting your coach know what day you will be coming. **Missed classes will NOT roll over to the next month.** We do not prorate for VACATIONS, SICK DAYS, HOLIDAY, POLO BREAKS, SCHOOL FUNCTIONS, DS TENNIS ETC...

Payments must be made on the first day of the week.

Please make all checks payable to the Polo Tennis Club or pay by credit card.

Disclaimer Clause:

The Polo Tennis Club Academy & Polo Tennis Staff are not responsible for any injury sustained during tennis & fitness workouts. I hereby certify that _____ are authorized by a certified doctor to participate in any activities which require physical exercise.

Player(s) Name(s): _____

Parents Name: _____

Phone #: _____ E-mail: _____

Credit Card info:

VISA Master Card Discover

CC# _____ Exp: _____ Sec Code: _____

Zip Code where bill is mailed: _____ Signature to authorize payment _____

**If you have any questions please contact
the polo tennis club @ 512-829-4340**