

TENNIS



SAW MILL CLUB

10 & Under

Our 10 & Under Program was created to develop basic skills and techniques in order for your child to build their tennis confidence. All new players will need a full skill assessment prior to placement as per USTA Guidelines/SMC Pathway.

2025 Winter / Spring Session:

16 weeks
24 weeks

January 2 – May 7 (off Feb 17–21, Apr 14–18)

January 2 – June 27 (off Feb 17–21, Apr 14–18, May 26)

Makeups will be attempted but not guaranteed. No refunds.

| Fees | | | with Private Lesson | |
|-----------|---------|---------|---------------------|---------|
| | 16 week | 24 week | 16 week | 24 week |
| Member | \$850 | \$925 | \$2,600 | \$3,700 |
| Nonmember | \$1,050 | \$1,125 | \$2,850 | \$4,000 |

Schedule

| Pick drill Day(s) & Time(s) | Time |
|------------------------------------|-------------|
| <input type="checkbox"/> Monday | 4:30–5:30PM |
| <input type="checkbox"/> Tuesday | 4:30–5:30PM |
| <input type="checkbox"/> Wednesday | 4:30–5:30PM |
| <input type="checkbox"/> Thursday | 4:00–5:00PM |
| <input type="checkbox"/> Friday | 4:00–5:00PM |
| <input type="checkbox"/> Sunday | 2:00–3:00PM |

Red Ball
(ages 5–7)

Orange Ball
(ages 8–10)

Green Ball
(ages 10–11)

Name: _____ D.O.B: _____

Parent's Name _____

Home Phone #: _____ Work/Cell #: _____ Email: _____

Street _____ City _____ State _____ Zip _____

Program Fee _____

16-Week • Pay in Full 16-Week • 2 Installments 24-Week • Pay in Full 24-Week • 3 Installments

Method of Payment: Charge Member Account Non-Member Credit Card
(See reverse Side) →

Start Date: _____
(office use only)

| Contact | e-mail | phone |
|---------------------------------------|--|--------------|
| Director of Tennis Zuka Mukhuradze | zuka@genesishealthclubs.com | 914 733-4007 |
| Tennis Office Manager Nina Lund | smctennis@genesishealthclubs.com | 914 733-4006 |

NOTE: TENNIS SHOES REQUIRED. NO EXCEPTIONS.

77 Kensico Drive, Mt. Kisco, NY 10549 | 914.241.0797 | www.sawmillclub.com



SAW MILL CLUB

Non-Member Payment Authorization

In order for *Genesis Health Clubs - Saw Mill Club* to offer services to nonmembers, we require a credit card be kept on file.

Paying ahead with cash, check, or gift card is always an option, however, services that remain unpaid will be automatically processed for payment the following day with the credit card.

Any inquiries regarding these charges should be directed to the department's Team Captain.

I, _____, (please print) hereby authorize *Genesis Health Clubs - Saw Mill Club* to process my credit card as payment for services.

Credit Card Type

Master Card Visa Amex Discover

Account Number _____

Expiration Date _____ Security Code _____

I understand that I am in full control of my payment, and I will notify *Genesis Health Clubs - Saw Mill Club* of any changes or new information as soon as it becomes available.

Customer Signature (required) _____ Date _____

NonMember (if different) _____ NM# _____

E-mail _____ Phone _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Please notify us right away with any changes to the above information to avoid problems with processing (this includes updating the expiration date). Thank you.

Please note name and/or address changes below:

Staff use only (please print):

Department _____

Employee Name _____

Date received _____

Date entered _____