

TENNIS



SAW MILL CLUB

Junior Training

The goal of the Junior training program is to provide an intensive and fun program for those who have committed to improving their game. Participants will be encouraged to start playing USTA tournaments.

2025 Winter / Spring Session:

16 weeks	January 3 – May 7 (off Feb 17–21, Apr 14–18)
24 weeks	January 3 – June 27 (off Feb 17–21, Apr 14–18, May 26)

Program 1	Program 2	Program 3
1 Drill day + match play	1 Drill day 1 hr private lesson + match play	2 Drill days + match play

Fees	Program 1		Program 2		Program 3	
	MEMBER	NON MEMBER	MEMBER	NON MEMBER		
16 Week	\$2,000	\$2,350	3,350	3,650	3,150	3,450
24 Week Best Value!	\$2,700	\$3,000	\$4,700	\$5,000	\$4,500	\$4,800

	Drill Day / Time		Match Play	
<input type="checkbox"/> Program 1 Pick one drill day	<input type="checkbox"/> Monday	5:30–7:00PM	Sunday	3:00–5:00PM
	<input type="checkbox"/> Wednesday	5:30–7:00PM	Makeups will be attempted but not guaranteed. No refunds.	
<input type="checkbox"/> Program 2 Pick one drill days	<input type="checkbox"/> Friday	5:30–7:00PM		
<input type="checkbox"/> Program 3 Pick 2 drill days				

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.



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 _____