

TENNIS



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.

2024 Winter / Spring Session:

16 weeks

January 2 – April 30 (off Feb 19–23, Apr 1–5)

24 weeks

January 2 – June 28 (off Feb 19–23, Apr 1–5, May 27)

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	\$1,900	\$2,250	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"/> Program 2 Pick one drill days	<input type="checkbox"/> Wednesday	5:30–7:00PM	Makeups will be attempted but not guaranteed. No refunds.	
<input type="checkbox"/> Program 3 Pick 2 drill days	<input type="checkbox"/> Friday	5:30–7:30PM		

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@sawmillclub.com	914 733-4007
Tennis Office Manager	Nina Lund	tennis@sawmillclub.com	914 733-4006

NOTE: TENNIS SHOES REQUIRED. NO EXCEPTIONS.

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Non-Member Payment Authorization

In order for the 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 with the credit card.

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

I, _____ (please print), hereby authorize Saw Mill Club to process my credit card as payment for services

Phone# _____ Email: _____

Address _____

Credit Card

☐ Master Card ☐ VISA ☐ AMEX ☐ Discover

Account # _____

Security Code _____ Expiration Date _____ Billing Zip Code _____

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

Customer Signature (required) _____ Date _____

NonMember (If different) _____