

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.

2026 Winter / Spring Session:

16 weeks	January 5 – May 10 (off Feb. 16–22, Mar. 30–Apr. 5)
24 weeks	January 5 – June 28 (off Feb. 16–22, Mar. 30–Apr. 5, May 25)

Makeups will be attempted but not guaranteed. No refunds.

Fees			with Private Lesson	
	16 week	24 week	16 week	24 week
Member	\$900	\$1,000	\$2,800	\$4,000
Nonmember	\$1,100	\$1,300	\$3,100	\$4,300

Schedule

<input type="checkbox"/> Monday	4:00–5:00PM
<input type="checkbox"/> Tuesday	4:30–5:30PM
<input type="checkbox"/> Wednesday	4:30–5:30PM
<input type="checkbox"/> Thursday	4:30–5:30PM
<input type="checkbox"/> Friday	4:00–5:00PM
<input type="checkbox"/> Sunday	2:00–3:00PM

Pick drill
Day(s) &
Time(s)

☐ Red Ball

☐ Orange Ball

☐ Green Ball

ADDITIONAL DRILL DAY SIGN UP 20% OFF

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 • Monthly

☐ 24-Week • Pay in Full

☐ 24-Week • Monthly

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	Chioma Blinn	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 _____