

TENNIS



Junior Training

SAWMILL CLUB

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.

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)

| 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 | \$2,100 | \$2,500 | 3,500 | 3,900 | 3,300 | 3,700 |
| 24 Week <i>Best Value!</i> | \$2,800 | \$3,200 | \$5,150 | \$5,550 | \$4,700 | \$5,000 |

| | 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 | 5:30–7:00PM | | |
| | | | | |

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.



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 _____