

The Michael Filipek Tennis Academy

@ Choate Rosemary Hall/Hunt Tennis Center

Wallingford, CT

June 23-August 1, 2008

PRIVATE LESSON APPLICATION FORM

Name _____
Address _____ City _____
State _____ Zip _____ Date of Birth _____
M _____ F _____ School (if applicable) _____
Telephone (H) _____ (C) _____ (W) _____
Email _____

Please Select Package:

5 hours (w/staff instructor): \$225 10 hours (w/staff instructor): \$425
 5 hours(w/Asst. Director): \$270 10 hours (w/Asst. Director): \$510
 5 hours(w/Director): \$360 10 hours (w/Director): \$680

Please Indicate Desired Day/Time (will be confirmed upon receipt of application):

Day (M-F) _____ Time (4-8pm) _____
Day(2nd Choice) _____ Time _____

Select Payment Type: Check _____ MasterCard _____ Visa _____
Amount Enclosed \$ _____

Card # _____ Expiration _____ CVV Code _____

I authorize that my credit card will be charged for the programs selected above.

Signature _____ Date: _____

I understand that neither The Michael Filipek Tennis Academy nor any person associated with the Academy is responsible for accidents and/or medical or dental expenses as a result of participation in the program. I certify that the applicant is in good health and able to participate in all activities in which he/she is enrolled.

Signature _____ Date _____

Please make checks payable and mail to:

The Michael Filipek Tennis Academy

444 17th Street Apt 2c

Brooklyn, NY 11215