USTA WOMEN'S TEAM PRACTICE

2026-27 INDOOR SEASON

Monday, August 31, 2026 - Thursday, May 13, 2027

(Excludes Labor Day 9/7, Thanksgiving 11/26, and holiday week 12/24/26 -1/1/27.)

USTA Women's Team Practice

Join your teammates to work on strategy, develop synergies with doubles partners, and have fun! Each session includes a dynamic warm-up, live ball instruction and coached match play.

Day/Level	# Weeks	Time	Cost
Sunday (2.5)	28	1:00 - 3:00pm	$2,576.00
Tuesday (3.0)	34	1:00 - 3:00pm	$3,128.00

Player ratio is 4:1; annual membership required to participate in all WRC programs.
If a question of level exists for placement, an evaluation may be arranged.

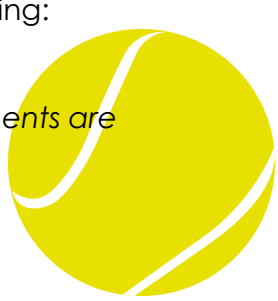
Additional Program Information

- New balls provided for all home matches
- Projected five or six home matches with fee of $45 each
- Home matches for the 3.0 teams will be held on Wednesdays, 12:00-2:00pm
- Home matches for the 2.5 team will be held on Sundays, 1:00-3:00pm
- Pro will evaluate team play at two USTA home matches

Registration

To secure your tennis reservation, please choose from one of the following:
1. Early Registration: 10% Discount paid in full by 2/28/2026
2. Deposit: $500 Deposit payment, remainder due by 8/15/2026

Note: Payments are refundable until June 1, 2026. After this date, payments are on-refundable and non-transferable to other programs.



Weston Racquet Club - *Great Tennis, Great Teaching!*

405 Newtown Turnpike, Weston CT | WestonRacquet.com | 203-226-3349

2026-27 USTA Women's Team Practice Registration

Participant Name: _____

Email_____

Street Address _____

City: _____ State: _____ Zip: _____

Phone (H): _____(W) _____ (C) _____

SELECT WOMEN'S USTA TEAM PROGRAM

SUNDAY 2.5 Team_____ TUESDAY 3.0 Team_____

Payment is due at time of Registration.

PAYMENT

Check:_____ Cash:_____ Pay with Credit Card on File: _____

Credit Card: ____AMEX ____VISA ____MASTERCARD

Card # _____ Name on Card: _____

Billing Zip Code: _____ Expiration Date: _____ Amount: _____

Security #_____ Cardholder Signature: _____

PARTICIPANT WAIVER

I, as the participant and or as the legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries ofany kind which may be sustained by me or my child by reason or in connection with my or his/her participation in any club program or activity; and I hereby release and discharge Weston Racquet Club, Grand Slam Health &Tennis Clubs, Inc., Spectrum Sports, Paulsen Properties, its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Paulsen Properties and other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or injury is caused by or results from negligence or willful misconduct of Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Paulsen Properties and other described parties.

I, the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: _____ **Date**_____