# SEASON COURT RATES

## 2026-27 INDOOR SEASON - 34 WEEKS

### 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.)

| Day | Time | Seasonal Court Rate *(per Hour)* | Open Court Rate *(per Hour)* |
|---|---|---|---|
| Monday - Friday | 7:30am - 9:00am | $1,870 | $75 |
| Monday - Friday | 9:00am - 6:00pm | $2,890 | $90 |
| Monday - Thursday *(Evening)* | 6:00pm - Close | $3,230 | $100 |
| Saturday - Sunday | 7:30am - 9:00am | $2,720 | $85 |
| Saturday - Sunday | 9:00am - Close | $3,230 | $100 |

### Membership 9/1/2026 - 8/31/2027

Individual: $125 | Junior *(under 18)*: $40

Senior *(over 65)*: $75 | Couple: $180

### Payment

**Seasonal Court Time** is sold for the entire 34 week season (above rates are based on 1 hour per week). Only WRC members in good standing may participate in season court play.

**DEPOSIT** ($500 for 1 hr or $750 for 1.5 hr.) or FULL PAYMENT (including deposit-equivalent), LESS 10%, must accompany application by February 28, 2026.
After June 1, 2026, deposits or deposit-equivalents will be forfeited to WRC and are non-transferable to other WRC programs.

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

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

# 2026-27 Season Court Program Registration Form

**Captain's Name:** _____

Email_____

Street Address _____

City: _____ State: _____ Zip: _____

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

To secure your tennis reservation, please include one of the following:
**Deposit of $500 per 1 hour / $750 per 1.5 hour** or
**Early Registration 10% Discounted Total Payment** *(available only through February 28, 2026)*.

**SEASON COURT COMMITMENT -** 34 Weeks (DEPOSIT: $500 for1 hour; $750 for1.5 hours)
Season Court Reservation: **Day**_____ **Time Period**_____ **Deposit**_____

**Instruction Program -** 34 Weeks (Deposit: $500 for1 hour; $750 for1.5 hours)
Clinic Instruction: **Day**_____ **Time Period**_____ **Pro**_____ **Deposit**_____

Season Private Lesson: **Day**_____ **Time Period**_____ **Pro**_____ **Deposit**_____

## Deposit/Early Registration Payment Information

**Acceptable forms of payment: Check Cash or Credit Card. Payments are refundable until June 1, 2026. After June 1, 2026 payments are non-refundable and non-transferable to other WRC programs.**

| Player Name | Amount |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7 | |
| 8. | |
| | $ |

## Captain's Payment Information

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: _____

**You Must Complete Your Court Roster on the Next Page.**

# 2026-27 Season Court Roster

**Captain's Name:** _____

**Player 1** _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

**Player 2** _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

**Player 3** _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

**Player 4** _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

**Player 5** _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

**Player 6** _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

**Player 7** _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

**Player 8** _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

## 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**_____