PRIVATE LESSONS/CLINICS

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.)

PRIVATE LESSONS

	Lesson Type (per player)	Executive Director	Director	Senior Professional	Professional
Private Lessons	1/2 Hour	$99	$96	$91	$86
	1 Hour	$175	$170	$160	$150
	Season (34wks/1hr)	$5,610	$5,440	$5,100	$4,760
Semi-Private Lessons	1/2 Hour	$62	$59	$56	$53
	1 Hour	$99	$96	$91	$86
	Season (34wks/1hr)	$3,196	$3,094	$2,924	$2,754

PRIVATE CLINICS

Private Clinic (per player)	Executive Director	Director	Senior Professional	Professional
Season (34 wks/1 hour)	$2,312	$2,210	$2,040	$1,870
Season (34 wks/1.5 hour)	$3,468	$3,315	$3060	$2,805

Per Player price assumes **four players**. The total price for the clinic is calculated by multiplying the per player price by four.

MEMBERSHIP (9/1/2026 - 8/31/2027)

Individual: $125 | Junior (Under 18): $40 | Senior (65+): $75 | Couple: $180

PAYMENT

DEPOSIT ($500 for 1 hr. or $750 for 1.5 hr.) or FULL PAYMENT, LESS 10%, must accompany application by February 28, 2026. *Note: Payments are refundable until June 1, 2026. After this date, payments are non-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 Private Lesson/Clinic Registration Form

Participant Name: _____

Email_____

Street Address _____

City: _____ State: _____ Zip: _____

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

To secure your tennis reservation, please pay one of the following: Deposit of $500 per hour / $750 1.5hr, or Early Registration 10% Discounted Total Payment (available only through February 28, 2026). Balance due by 8/15/26.

SELECT PROGRAM

Season Lesson Commitment: Day_____ Time_____ 1/2 Hr____ 1 Hr____ 1.5 Hr_____ Pro_____

Season Instructional Clinic: Day_____ Time_____ 1/2 Hr____ 1 Hr____ 1.5 Hr_____ Pro_____

Clinic Player 1 _____ Clinic Player 2 _____

Clinic Player 3 _____ Clinic Player 4 _____

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**_____