



WOMEN'S DOUBLES LEAGUE

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.)

Women's Doubles League

Weekly matches are based on the results of the prior week on a progressive schedule.

Level	Day	Time	Cost	Start Date	End Date
3.5-4.0	Friday	11am - 1pm	\$1,450	Sept 4, 2026	May 7, 2027

Program Includes: League Management | Complimentary Balls | End-of-Season Awards

Program Details

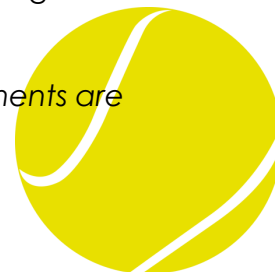
- Annual Membership required to participate in all WRC programs
- Players are placed according to playing level
- If a question of level exists, an evaluation will be conducted
- Players are responsible for arriving on time and for securing substitutes if they are unable to attend one of the weekly sessions

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 Women's Doubles League Registration

Participant Name: _____

Email _____

Street Address _____

City: _____ State: _____ Zip: _____

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

SELECT WOMEN'S DOUBLES LEAGUE PROGRAM

Friday _____ Play Level _____

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 of any 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 _____