



WOMEN'S USTA TEAM PROGRAM 2026-27 Indoor Season

Make New Friends! Have Fun! Enjoy a Life-long Sport!

**Exciting practices with emphasis on the competitive aspect
of the game in a comfortable and social environment.**

All Levels	Day	Time
2.5 Level	Wednesday	10:30am - 12:30pm
3.0 Level	Tuesday	10:30am - 12:30pm
3.5 Level	Wednesday	9:00am - 10:30am
3.5 Level	Monday	11:30am - 1:30pm
4.0 Level	Tuesday	8:30am - 10:30am
4.5 Level	Monday	10:00am - 11:30am

Value Added Program Benefits

- 50% off your share open court rental fees (weekdays, 12:00-3:30pm)

September 8, 2026 - May 2, 2027

2-hour clinic/week: \$3,360 • 1.5-hour clinic/week: \$2,520

**Practice will not meet during the Holiday Break (12/21/26 - 1/3/27)*

Players are responsible for payment of home and away NY ETA USTA match fees

Match participation limited to those registered in Practice Program

For more information contact **Alex Moncayo** at amoncayo@grandslamtennisclub.com or call 914-234-9206.



GRAND SLAM - GREAT TENNIS, GREAT TEACHING!



Grand Slam Health & Tennis Clubs, Inc. Program Registration Form

Participant's Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Select Women's USTA Team Program:

2.5 _____ 3.0 _____ 3.0 _____ 3.5 _____ 4.0 _____ 4.5 _____

Tuition Payment

Check: _____ Cash: _____ Credit Card: ___ AMEX ___ VISA ___ MASTERCARD

Card # _____ Name on Card: _____

Billing Zip Code: _____ Expiration Date: _____ CVV: _____

Amount: _____ Cardholder Signature: _____

Waiver

I, as 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 by any reason or in any connection with my in any club program or activity; and I hereby release and discharge Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., 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 Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., and any other described parties, for all injuries known or unknown which I 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 Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc. and any other described parties.

Waiver: 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: _____