



Private/Group Instruction Rates & Information 2026-27

Enjoy the benefit of our personalized professional private/group instruction at a most convenient time. Fix that serve, get a great workout, whack a ball to get even, or focus on more tactical challenges. Using our unique Ivan Lendl Hitting Hot Teaching Model, our professionals will provide you with a great lesson every time!

Session Type / Pro Level	Executive Director	Program Director	Senior Professional	Professional
Hourly Instruction (one session/per player)				
Private Lesson 1 hour	\$185	\$175	\$165	\$155
Private Lesson ½ hour	\$97	\$91	\$85	\$80
Semi-Private Lesson for 2	\$100	\$96	\$90	\$85
Private Clinic for 3	--	\$70	\$66	\$58
Private Clinic for 4	--	\$60	\$56	\$52
Package of Lessons (12 sessions/player/1 hour)				
Private Lesson	--	\$2,100	\$1,980	\$1,860
Semi-Private Lesson for 2	--	\$1,152	\$1,080	\$1,020
Private Clinic for 3	--	\$840	\$892	\$696
Private Clinic for 4	--	\$720	\$672	\$624

Private Instruction Policies and Procedures

1. 24-hour in-advance cancellation is required to avoid full charge.
2. While every effort will be made to provide a requested professional and/or surface type, Grand Slam reserves the right to assign a substitute as necessary.
3. Payment in full is required at the time of reservation.
4. 12 Package lessons may only be scheduled weekdays from 7:00am – 3:30pm. This will assure the day / time reservation for the time period. All lesson packages will have an expiration date of 16 weeks from the date of purchase. No refunds issued once instruction series commences (in house credit only).

Contact our staff at staff@grandslamtennisclub.com for more information.

All pricing in effect August 1, 2026.

Grand Slam – Great Tennis, Great Teaching!



Grand Slam Health & Tennis Clubs, Inc Program Registration Form

Participant's Name _____ (Captain) **DOB** _____

Parent's Name (if a minor) _____ **Email** _____

Street Address _____

City _____ **State** _____ **Zip** _____ **E-mail** _____

Phone (H) _____ **(W)** _____ **(C)** _____

Package Lesson Reservation: Day _____ Time Period _____ Clay _____ Hard _____

Private Lesson _____ **Semi Private** _____ **3 Player Clinic** _____ **4 Player Clinic** _____

Player 1 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ E-mail _____

Player 2 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ E-mail _____

Player 3 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ E-mail _____

Player 4 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ E-mail _____

Check: _____ **Cash:** _____ **Credit Card:** _____ **Card:** _____ Amex _____ Visa _____ MasterCard _____

Card # _____ **Name on Card:** _____ **Billing Zip Code:** _____

Amount: _____ **Expiration Date:** _____ **Security #** _____ **Cardholder Signature:** _____

Instructional Policies

Schedule: Individual lessons can be scheduled up to 72 hours in advance. Package lessons may only be scheduled weekdays from 7:00 am – 3:30 pm. No refunds once instruction series has commenced. **Package Expiration:** All lesson packages will have an expiration date of 3 months from the date of purchase. **24 Hour Cancellation Policy - Scheduling / Re-scheduling:** Booking, cancelling and or re-scheduling of private / clinic instruction must be done only through our Player Services personnel either in person or by calling (914) 234-9206. Any communication with your tennis professional will not be considered a form of notice. Lesson / Open court time cancellations must be made at least 24 hours or more in advance of the scheduled appointment time. Anything less will result in full charge. Please note that in the case of a group clinic – the Club considers that the clinic is in session if at least one participant attends. In this case, no other make-ups will be provided.

Waiver

I, as the participant and or 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 any reason or in any connection with my or his/her participation 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, or my children have or may incur by participating in these programs, except to the extent such accident or 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: _____ **Relationship:** _____ **Date:** _____