



BUFFALO TENNIS ACADEMY 2024

Directed by Marcus Fugate

HIGH PERFORMANCE TRAINING FOR ELITE JUNIOR PLAYERS

To Participate: Miller Tennis Center Membership required - All Instruction & Play must be Exclusive to MTC. Students Receive: Walk-on Privileges and ability to participate in Match Play & Private Instruction.

- SESSION 3: January 1st - February 18th
- SESSION 4: February 26th - April 21st
- SESSION 5: April 22nd - June 9th

<input type="checkbox"/> SAVE 15% PREPAY FOR ALL THREE FULL SESSIONS BEFORE JAN 1	<input type="checkbox"/> SAVE 5% PREPAY FOR ANY TWO FULL SESSIONS BEFORE JAN 1
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CHECK DATES THAT APPLY & PRORATE -

NO PLAY DATES - Session 3: Mon 1/1 Fri 2/9 Sat 2/3, 2/10

Session 4: Sat 3/2, 3/9 Fri 3/15, 3/22, 3/29 4/12 Sun 3/17, 3/24, 4/21, 3/31

WINTER BREAK: February 19th - 25th

SPRING BREAK: April 1st - April 7th

CHOOSE YOUR CLASS DAYS: All classes are 2 hours in duration.

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 4:00 pm	<input type="checkbox"/> 4:00 pm	<input type="checkbox"/> 4:00 pm	<input type="checkbox"/> 4:00 pm	<input type="checkbox"/> 4:00 pm
Saturday	Sunday			
<input type="checkbox"/> 12:30 pm	<input type="checkbox"/> 12:00 pm			

CLASSES PER WEEK RATE - 7 WEEK SESSION

<input type="checkbox"/> 1 day/wk	<input type="checkbox"/> \$357
<input type="checkbox"/> 2 days/wk	<input type="checkbox"/> \$714
<input type="checkbox"/> 3 days/wk	<input type="checkbox"/> \$1,071
<input type="checkbox"/> 4 days/wk	<input type="checkbox"/> \$1,428
<input type="checkbox"/> 5 days/wk	<input type="checkbox"/> \$1,785

CANCELLATION & MAKE UP POLICY: EMAIL: todd.millertenniscenter@gmail.com

48 HOUR NOTICE, PRIOR TO CLASS, TO BE CONSIDERED. NO EXCEPTIONS.

MAKE UPS ARE NOT GUARANTEED, WE WILL TRY OUR BEST TO ACCOMMODATE.

MISSED CLASSES & NO SHOWS: WILL NOT BE CREDITED, REFUNDED OR TRANSFERRED TO A FUTURE SESSION.

REGISTRATION - FULL PAYMENT REQUIRED PRIOR TO THE START OF THE SESSION. CLASS SIZE IS LIMITED & ACCEPTED IN ORDER OF RECEIPT.

NAME _____ CELL PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ AGE _____ D.O.B _____

Photography may be taken for marketing purposes - I give permission No photography please

OFFICE USE ONLY: Registration taken by _____ Date _____

PAYMENT RECEIVED: CASH CHECK CREDIT CARD AMOUNT REC'D _____

MTC ACCOUNT - cc on file required. Payment due by the 3rd of the upcoming month. AMOUNT CHARGED _____