ADULT DRILLS 2026

ABILITY LEVELS: 2.5, 3.0, 3.5. 4.0, 4.5 **Directed by Marcus Fugate**

MILLER tennis center

☐ **SESSION 1: September 14th - November 1st**

☐ **SESSION 2: November 2nd - December 20th**

☐ **SAVE 10%** PREPAY FOR BOTH FULL SESSIONS BEFORE SEPT. 14th

NO PLAY DATE FOR THE FOLLOWING CLASSES: SESSION 1 - ☐ **FRIDAY 10/9 - ALL OFF EXCEPT 7 am**
Please prorate accordingly

SESSION 2 - ☐ **THURSDAY 11/26**

CHOOSE YOUR CLASS DAYS: 7 am Classes are 60 Minutes in Duration - All Others 90 Minutes

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
[ ] 4.0 + 7:00 am	[ ] 4.0+ 7:00 am	[ ] 4.0+ 9:00 am	[ ] 4.0+ 7:00 am	[ ] 4.0+ 7:00 am	[ ] 4.0+ 8:30 am
[ ] 3.5 7:00 am	[ ] 3.5 7:00 am	[ ] 3.5 9:00 am	[ ] 3.5 7:00 am	[ ] 3.5 7:00 am	[ ] 3.5 8:30 am
[ ] 4.0+ 9:00 am	[ ] 3.5 10:30 am	[ ] 3.0 9:00 am	[ ] 4.0+ 10:30 am	[ ] 4.0+ 10:30 am	[ ] 3.0 8:30 am
[ ] 3.5 9:00 am	[ ] 3.0 10:30 am	[ ] 3.5 6:00 pm	[ ] 3.5 10:30 am	[ ] 3.5 10:30 am	[ ] 2.5 8:30 am
[ ] 3.0 9:00 am	[ ] 4.0+ 7:00 pm	[ ] 3.0 6:00 pm		[ ] 3.0 10:30 am	
[ ] 4.0+ 10:30 am	[ ] 3.5 7:00 pm	[ ] 4.0+ 7:00 pm		[ ] 2.5 10:30 am	**SUNDAY**
[ ] 2.5 10:30 am	[ ] 3.0 7:00 pm				[ ] 4.0+ 8:30 am
[ ] 4.0 6:00 pm	[ ] 2.5 7:00 pm				[ ] 3.5 8:30 am
[ ] 3.5 6:00 pm	[ ] 3.5 8:30 pm				[ ] 3.0 8:30 am
[ ] 3.0 6:00 pm	[ ] 3.0 8:30 pm				

CANCELLATION & MAKE UP POLICY:
48 Hour Notice, Prior to Class, to be Considered
No Exceptions. Make Ups Are Not Guaranteed,
We Will Try Our Best to Accommodate.
EMAIL: todd.millertenniscenter@gmail.com
MISSED CLASSES & NO SHOWS:
Will Not Be Credited, Refunded or Transferred to a Future Session.

CLASSES PER WEEK RATE - 7 WEEK SESSION:

60 MIN	MEMBER	NON-MEMBER	90 MIN	MEMBER	NON-MEMBER
[ ] 1 DAY/WK	[ ] $245	[ ] $301	[ ] 1 DAY/WK	[ ] $329	[ ] $399
[ ] 2 DAYS/WK	[ ] $490	[ ] $602	[ ] 2 DAYS/WK	[ ] $658	[ ] $798
[ ] 3 DAYS/WK	[ ] $735	[ ] $903	[ ] 3 DAYS/WK	[ ] $987	[ ] $1,197

REGISTRATION: Registration Requires Full Payment Prior to the Start of the Session. Class Size is Limited & Accepted in Order of Receipt.

STUDENT'S NAME_____

ADDRESS_____ **CITY**_____ **ZIP**_____

CELL PHONE_____ **EMAIL**_____

Photography may be taken for marketing purposes - [ ] I give permission [ ] No photograph please

TOTAL _____ **x DISCOUNT** _____ **= AMT DUE**_____

OFFICE USE ONLY: REGISTRATION TAKEN BY: _____ DATE_____

PAYMENT TYPE RECEIVED: ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ MTC ACCOUNT

CREDIT CARD ON FILE REQUIRED
Payment Processed on the 3rd of the Month.

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