



ADULT DRILLS 2026

ABILITY LEVELS: 2.5, 3.0, 3.5, 4.0, 4.5

Directed by Marcus Fugate

☐ **SESSION 3: January 5th - March 1st**☐ **SESSION 4: March 2nd - April 26th**☐ **SESSION 5: April 27th - June 14th****CLASSES OFF:**

Winter Break: 2/16 - 2/22

Spring Break: 4/6 - 4/12

☐ **SAVE 15% PREPAY for ALL 3 SESSIONS IN FULL Before January 5th**☐ **SAVE 5% PREPAY for ANY 2 FULL SESSIONS Before the start of the Session.**Please Prorate Accordingly: **SESSION 3:** ☐ **FRI 2/13 (10:30 am class only)** **SESSION 4:** ☐ **SUN 4/5** ☐ **SAT 4/18****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	[] 4.0+ 7:00 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	
[] 2.5 10:30 am	[] 3.0 7:00 pm	CANCELLATION & MAKE UP POLICY: 48 Hour Notice Prior to Class to be Considered - No Exceptions. Make Ups Are Not Guaranteed, But 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.			SUNDAY
[] 3.5 6:00 pm	[] 2.5 7:00 pm				[] 4.0+ 8:30 am
[] 3.0 6:00 pm	[] 3.5 8:30 pm				[] 3.5 8:30 am
	[] 3.0 8:30 pm				[] 3.0 8:30 am

CLASSES PER WEEK RATE - 7 WEEK SESSION:

60 MIN	MEMBER	NON-MEMBER	90 MIN	MEMBER	NON-MEMBER
[] 1 DAY/WK	[] \$238	[] \$294	[] 1 DAY/WK	[] \$322	[] \$392
[] 2 DAYS/WK	[] \$476	[] \$588	[] 2 DAYS/WK	[] \$644	[] \$784
[] 3 DAYS/WK	[] \$714	[] \$882	[] 3 DAYS/WK	[] \$966	[] \$1,176

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** _____

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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.