



phone: 914.669.9500 .... fax: 914.669.9700  
22 Sutton Place, Brewster, NY 10509

## 6-Pack: 1 hr. Tennis Lessons

Please ☒ your choice:

- ( ) **Junior Pro:** (\$79 x 6) **\$474**/member ... (\$ 89 x 6) **\$534**/non-member  
( ) **Asst. Pro:** (\$99 x 6) **\$594**/member ... (\$109 x 6) **\$654**/non-member  
( ) **Staff Pro:** (\$114 x 6) **\$684**/member ... (\$124 x 6) **\$744**/non-member  
( ) **Head Pro:** (\$124 x 6) **\$744**/member ... (\$134 x 6) **\$804**/non-member  
( ) **Director:** (\$134 x 6) **\$804**/member ... (\$144 x 6) **\$864**/non-member  
( ) **Weekday 'Lunchtime Off-peak': 10% Discount:** ( ) 12:30 to 1:30 pm ( ) 1:30 to 2:30 pm

**Preferred Pro:** \_\_\_\_\_ **6 Dates:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Please schedule my 6 Lessons as indicated above.

Note: All lessons must be scheduled via Front Desk. This package will expire in 7 weeks (49 days) from the date of purchase – you must schedule and use up all 6 lessons within this time frame.

Name: \_\_\_\_\_ Member ? ( ) Yes ( ) No

Street, City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) cell ( ) home

Email: \_\_\_\_\_

Full Payment by: ☐ Check # \_\_\_\_\_ enclosed (*payable to: Hardscrabble Club*)

☐ Credit Card on File ☐ 2 Installments preferred – for members only

☐ New Credit Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code - CVV#: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature indicates that I accept Hardscrabble Club's standard terms and conditions of enrollment and all standard rules and policies that govern its services. **WAIVER:** I understand and acknowledge the risks of injury that are inherent in this service, and as the participant or parent/guardian of the child named herein, I hereby waive and release any and all rights and claims for damages I may have against Hardscrabble Club Corp., its directors, instructors, employees, owners and/or any other sponsors and their respective representatives for any damage to or loss of my property and for any and all injuries sustained by myself or my child/ward in connection with any participation in the club's services or other activities.*

***CONSENT:** I do hereby give my consent to medical care, emergency or otherwise, including any necessary transportation, in the event of injury to or any other illness with my child/ward or myself. I also consent to photographs/videos taken at the club that may include myself, my child or ward being used for advertising and other media efforts.*

**\*Guest Waiver required when applicable.**

**24-hour Cancellation Policy:** Lessons must be cancelled (or rescheduled) at least 24 hours in advance in order to avoid being charged in full. You may cancel via email: [frontdesk@hardscrabbleclub.com](mailto:frontdesk@hardscrabbleclub.com), or by signing in the 'Cancellation Book' at Front Desk. Phone calls are not valid, and you will be charged the full amount.  
**'No-show/No-call/No-email' and/or Late Cancellations will be charged in full.**

Director/ Randy Mani: \_\_\_\_\_ Date: \_\_\_\_\_

*not valid without Director's Signature*