

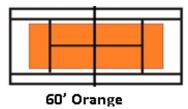
## **2014 Winter Daytime**

Flushing Meadows Corona Park Flushing, NY 11368 (718) 760-6200

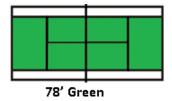
www.ntc.usta.com

## **New Year's Seniors 60+ Tennis Social**

Monday, January 6, 2014 12:30 p.m. – 2:00 p.m.







A slightly lower compression ball is used for both 60' and 78' court play

**\$15 per person** — Please register by January 3

## Check-in begins at Noon

- A beverage and a light snack will be provided
- Chance to win raffle prizes

Register online at www.ntc.usta.com or

Make checks payable to: <u>USTA National Tennis Center</u> or use Visa, MC, DISCOVER or AMEX and

return registration form to: USTA Billie Jean King National Tennis Center

Attn: 2014 Winter Daytime 60+ New Year's Tennis Social Flushing Meadows Corona Park, Flushing, NY 11368

Disclaimer for Teaching Programs Enrollment

Management reserves the right to refuse admission to, or eject, any person whose conduct is deemed by Management to be disorderly, who uses vulgar or abusive language, or who fails to comply with the rules, terms, and conditions applicable to the USTA Billie Jean King National Tennis Center facilities. Terms and conditions are subject to change at Management's discretion without advance/prior written notice.

## 2014 Winter Daytime New Year's Seniors 60+ Tennis Social (Monday, January 6, 2014)

Address Street Apt. #		Last Name	Participant acknowledges the physical dangers and risks inherent in playing tennis and Participant freely and knowingly assumes all such risks. Participant releases, discharges and holds harmless the USTA NTC and the City of New York from and against any and all claims resulting from Participant's participation in the program or any event related thereto, including claims such as negligent acts or omissions of USTA NTC. Participant agrees that USTA NTC and its designees may use Participant's name, voice, portrait, likeness, testimonials and statements for any purpose relating to USTA NTC activities and advertising and publicizing the USTA NTC and its products and services; provided, however, the use of Participant's identification shall not be identified			
		Apt. #				
City	State	Zip	or represented to be an endorsement by Participant of any product, service or company.			
E-mail			Signature of Participant or Legal (	Guardian, if participant is under 18.		Date:
Home Number ()				☐ Cash (In person only) ☐ MasterCard ☐ DISC		
Business/Cell Number (	)		Card Number		Exp. Dater	/
We are unable to provide credits, refunds, or carryovers for missed session.			Name (Please Print) Date			