Billie Jean King National Tennis Center
Flushing Meadows Corona Park
Flushing, NY 11368
(718) 760-6200
WWW.NTC.USTA.COM

2014 SUMMER

Weekend One-day Adult Tennis Camp

Session A: Saturday, June 28 (For all levels) - $200

Session B: Sunday, July 20 (For all levels) - $200

8:45 a.m. – 5:00 p.m.

Advance registration is required. Same-day registration will be $220 if available

Sample Schedule

8:45 a.m.	Check-in
9:00 a.m. – 11:45 a.m.	Warm-up, Evaluation/On-court instruction, drills
11:45 a.m.	Lunch break – Lunch provided
12:45 p.m.	Specialty shot demonstration
1:00 p.m. – 2:00 p.m.	Specialty course – select two (Serve, Volley, Overhead, Top-Spin, etc.)
2:00 p.m. – 2:45 p.m.	On-court warm-up/drills
3:00 p.m. – 4:00 p.m.	Mix and match Team Tennis
4:00 p.m. – 4:15 p.m.	Challenge our pros/Raffle
4:15 p.m. – 5:00 p.m.	Free play

The camp includes:

- Full day of on-court instruction with USPTA and PTR-certified teaching professionals
- Lunch and a tennis camp T-shirt
- Specialty shots
- Cardio Tennis sampling
- Challenge our pros
- Raffles

Registration:

Register online at www.ntc.usta.com or

Fill out registration form and mail it with your payment to:

USTA Billie Jean King National Tennis Center
Attn: 2014 Adult One-Day Tennis Camp
Flushing Meadows Corona Park
Flushing, NY 11368

Make check payable to "USTA National Tennis Center" or use VISA, MasterCard, Amex or DISCOVER.

Cancellation policy:

Please submit cancellation request in writing at least 10 days prior to the Camp date. The refund will be the full amount less a $25 administrative fee. Sorry, no refunds for notices received less than 10 days prior to Camp date or for any unused portion of the Camp.

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Registration Form

Mail the form with full payment to:

USTA Billie Jean King National Tennis Center, Attn: 2014 Adult One-Day Tennis Camp
Flushing Meadows Corona Park, Flushing, NY 11368

Or register online at www.ntc.usta.com

$200 per session

Advance registration is required. Same-day registration will be $220 if available

Please select:

_____ Session A: June 28 (Sat.) _____ Session B: July 20 (Sun.)

First Name: _____ Last Name_____ M or F _____

Address _____
Street Apt. #

_____
City State Zip

E-mail _____

Home Number ( ) _____ Cell/Business Number ( ) _____

NTRP/NTC rating: __ Beginner/Level 1 __ Level 2 __ Level 3 __ 3.0 __ 3.5 __ 4.0 __ 4.5 +

Waiver of claims:

In consideration of his/her participation in an USTA NTC program, Participant hereby acknowledges and knowingly and voluntarily assumes any and all risks of personal injury or property damages which might be associated with tennis, sports conditioning and fitness-related activities. Participant certifies he/she is in good physical condition, sufficient to use the facilities and participate in the program. Participant, on behalf of him/herself, his/her heirs and anyone acting on Participant's behalf, releases, discharges and holds harmless the USTA NTC, USTA, City of New York and their respective officers, directors, employees and representatives (collectively, "Releasees") from and against any and all claims arising, directly or indirectly, in connection with Participant's participation in the program or any event related thereto from any cause whatsoever, regardless of whether caused by the negligence of the Releasees (the "Released Claims"). Participant, on behalf of him/herself, his/her heirs and anyone acting on Participant's behalf, covenants and agrees not to bring or be a party to any legal action or claim against the Releasees from any reason based on any of the Released Claims. Participant agrees that USTA NTC and its designees may use Participant's name, voice, photographs, likenesses, biographies, testimonials and statements, and other identification for any purpose relating to USTA NTC activities and advertising and publicizing the USTA NTC and its products and services.

Print Name _____

Signed: _____

Date: _____

Amount: $_____ **Check** ☐ # _____

☐ AX ☐ VISA ☐ MC ☐ DISCOVER EXP. Date ___/___

_____
Card Number

_____
Card Member Name (Printed)

_____
Card Member Signature

Accounting Dept. use only

TS # _____ **Date Processed:** _____

Notes: