# **LEARN TO PLAY TENNIS & FITNESS**

## Winter (January - April) 2026

Where: The Knoll Indoor Tennis Club, 1130 Knoll Road, Lake Hiawatha, NJ 07034
Payment: Cash (exact change please) or Check (payable to Knoll Tennis Club, LLC.)
Credit Card & Electronic Payments (transactions must take place at the club)

No make-ups, refunds or credits for classes you miss

Please Bring: Racquet (demos not available), Sneakers, Short/sweats, Water, Smiles!

More Info: Please contact Mitch: mruben999@aol.com

### **Lobby Access/Parent Viewing:**

Please help us keep our small lobby clear of congestion: arrive close to your start time & wait outside for Pros to escort the kids in. Once the kids are in you may enter to enjoy watching. Exit the lobby when the class ends to make room for the class that follows. Thank you!!

#### **DAYS & TIMES**

DAY	TIME	AGE	DATES	NO CLASS:	LEVELS	# weeks	FEE
Saturdays	10:30-11:25am	6-9 yrs	Jan 3 – April 25	4/4	Beg/Adv Beg	16	\$ <del>4</del> 80
"	11:30-12:25pm	9-12 yrs	"	"	Beg/AB/Inter	16	\$ <del>4</del> 80
"	12:30-1:25pm	Teens	"	"	Beg/AB/Inter	16	\$ <del>4</del> 80
Sundays	12-12:55pm	5-7 yrs	Jan 4 – April 26	4/5	Beg/Adv Beg	16	\$480
"	I-1:55pm	7-8 yrs	"	"	Beg/Adv Beg	16	\$480
"	2-2:55pm	9-10 yrs	"	"	Beg/Adv Beg	16	\$480
"	3-3:55pm	II-I2 yrs	"	"	Beg/Adv Beg	16	\$480
"	4-4:55pm	Teens	"	"	Beg/Adv Beg	16	\$480
Mondays	4:30-5:25pm	9-12 yrs	Jan 5 – April 27	1/19, 2/16	Beg/Adv Beg	15	\$450
"	5:30-6:25pm	Teens	"	"	Adv Beg/Inter	15	\$450
Thursdays	5-5:55pm	9-12 yrs	Jan 8 – April 30	N/A	Adv Beginner	17	\$510

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STUDENT INFORMATION						
Please In	dicate Tennis Ability:	☐ Beginner	☐ Adv Beginner	☐ Intermediate	☐ Advanced	
	(for ability level definitions	please see websi	te: <u>http://www.knolltenn</u>	is.com/Learn-to-Play.ht	<u>:ml)</u>	
First & Last Name			Mom's Name			
Age			Dad's Name			
Birth Date			Email			
Address			Cell Phone			
City/State/Zip			Home Phone			

#### **SESSION SELECTION - Winter (January - April) 2026**

Day & Time Choice:	Alternate Day & Time:

FOR CLUB USE ONLY:			
PAID VIA: CHECK/CAS	SH/CC/OTHER	AMT PAID \$ _	
DATE & TIME RECEIVE	D:	INITIALS:	