



GRAND SLAM TENNIS CLUB 2026-27 Season Court Program

**Tight schedule? Want to guarantee your game goes on every week?
Then making a standing weekly court reservation is your best play!**

| Day | Time | Season Fee (per Hour) | Hourly Fee |
|-----------------|----------------|-----------------------|------------|
| Monday-Friday | 7am - 9am | \$2,475 | \$85 |
| Monday-Friday | 9am - NOON | \$2,635 | \$100 |
| Monday-Friday | Noon - 3:30pm | \$2,635 | \$85 |
| Monday-Friday | 3:30pm - CLOSE | N/A | \$100 |
| Saturday/Sunday | ALL DAY | N/A | \$100 |

Season Court Information

Dates: Tuesday, Sept. 8, 2026 – Sunday, May 2, 2027

Registration: All players must appear on court roster

Holiday Closures: Thanksgiving Day (11/26), Christmas Eve Day (12/24),
Christmas Day (12/25), New Year's Day (1/1/27)

excluding Holiday Break 12/21/26-1/3/27

For more information contact:

Katerina at ksevcikova@grandslamtennisclub.com or call 914-234-9206

GRAND SLAM - GREAT TENNIS, GREAT TEACHING!





Grand Slam Health & Tennis Clubs, Inc. Program Registration Form

Participant's Name: _____ (Captain)

Email _____

Street Address _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W) _____ (C) _____

Season Court Reservation: Day _____ Time Period _____ Clay _____ Hard _____

Player 1 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

Player 2 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

Player 3 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

Player 4 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

Player 5 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

Player 6 _____ Address _____ City/State/Zip _____

Phone H: _____ M: _____ Email: _____

Please enroll our season court in the Season Court Tennis Ball Program _____

Tuition Payment

Check: _____ Cash: _____ Credit Card: ___ AMEX ___ VISA ___ MASTERCARD

Card # _____ Name on Card: _____

Billing Zip Code: _____ Expiration Date: _____ Amount: _____

Security # _____ Cardholder Signature: _____

Parent/Guardian Waiver

I, as the participant and or legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries of any kind which may be sustained by me or my child by any reason or in any connection with my or his/her participation in any club program or activity; and I hereby release and discharge Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., and any other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or or injury is caused by or results from negligence or willful misconduct Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc. and any other described parties. Waiver: I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: _____ Date _____