



New Albany Tennis Center

Central Ohio's Exclusive *IMG/Bollettieri Tennis Academy* Affiliate Club

phone: (614) 855-6230 fax: (614) 855-6232 www.newalbanytennis.com

Located inside Thompson Park, 5600 Thompson Rd, Gahanna 43230

Summer GCTA Teams

Outdoor: May 8-Sept 24

***Please contact Susan Storrer (614-855-6230) if you would like to play on a team from late May-July or just come to practices. NEW PLAYERS WELCOME: Most practices will be open to new players, and players can also be added to teams until early June.**

*Weekday clinics before 6pm held at Thompson Park

*Weekend clinics held at New Albany High School

*Weeknight clinics 6pm and later held at New Albany High School

**No clinics Memorial Day, July 4, or Labor Day

Women's 3.5 Daytime Team Practice *Thompson Park

Spring (May 8- June 4): **Mon 9-11am, Tues 9-11am, Thurs 9-11am**

Summer (June 5-Aug 13): **Mon 9-11am, Thurs 9-11am**

Fall (Aug 14-Sept 24): **Mon 9-11am, Tues 9-11am, Thurs 9-11am**

Fees for Practice:

Spring (May 8-June 4, 4 weeks): **\$24 per day member/ \$28 per day non-member**

Summer (June 5- Aug 13, 10 weeks): **Member: \$220/10 clinic package OR \$30 admin fee plus \$24/day**

Non-member: \$265/10 clinic package OR \$45 admin fee plus \$28/day

Fall: (Aug 14-Sept 24, 6 weeks): **\$24 per day member/ \$28 per day non-member**

Women's 3.5 & 4.0 Career Team Practice *New Albany High School

Spring (May 8- June 4): **___Weds 6:30-8:30pm**

Summer (June 5-Aug 13): **___Weds 6:30-8:30pm**

Fall (Aug 14-Sept 24): **___Weds 6:30-8pm**

Fees for Practice:

Spring (May 8-June 4, 4 weeks): **\$24 per day member/ \$28 per day non-member**

Summer (June 5- Aug 13, 10 weeks): **Member: \$220/10 clinic package OR \$30 admin fee plus \$24/day**

Non-member: \$265/10 clinic package OR \$45 admin fee plus \$28/day

Fall (Aug 14-Sept 24, 6 weeks): **\$22 per day member/ \$26 per day non-member**

Women's GCTA Home Match Times/Site

Women's 3.5 Daytime GCTA: Home Matches Wednesday 9am-Thompson Park

Women's 3.5 Career GCTA: Home Matches Tuesday 6:30pm-New Albany High School

Women's 4.0 Career GCTA: Home Matches Monday 6:30pm-New Albany High School

Join & Support Your Community Tennis Center Today!

NATC Membership is Optional, but Players with NATC Memberships save 10-30% on all court-times, clinics, and programs.

Junior: (Jr-age 21 & under) \$198/year or \$24/month **NAPL Junior:** \$99/year or \$12/month
Family: \$396/year or \$50/month **NAPL Family:** \$198/year or \$25/month

School Team / Group & Club Discount: If there are 5 or more players from your school district, group or organization in any of our programs, there is a reduced membership rate. Ask for details and to see if your group qualifies.

Membership valid for one year from purchase date. Refunds possible only for serious illness, injury, or long term relocation. Ohio State tax of 7.5% is not included

Private Lesson Rates: (must be enrolled in a NATC clinic and have credit card on file)

Private Lessons with Coach Paul Kobelt: members \$75/hour, \$40/half hour
non-members \$82/hour, \$44/half hour

Private Lessons-all other coaches: members \$70/hour, \$38/half hour
non-members \$77/hour, \$42/half hour

Private Clinics-all pros:

2 players-one hour: \$38 per member, \$42 per non member

1.5 hours: \$57 per member, \$60 per non member

3 players-one hour: \$27 per member, \$30 per nonmember

1.5 hours: \$37 per member, \$40 per non member

4 players-one hour \$21 per member, \$23 per non member

1.5 hours: \$30 per member, \$33 per non member

Payment Agreement:

I authorize New Albany Tennis Center to charge my membership dues and any outstanding monies for clinics, court fees, events, leagues or lessons to my: MasterCard Visa Discover

My credit card number: _____ Expiration Date: _____

It is further expressly agreed that all exercise and the use of all facilities shall be undertaken by the member (& family or guests) at his/her (their) own risk and that the member (& family/guests) shall hold New Albany Tennis Center harmless for any and all bodily injury, theft and/or property damage resulting from the use of the facilities or attendance at the club.

Signature: _____ Date: _____

Player Name: _____ Clinic and Day: _____

Parent Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Email: _____

Please send completed form with credit card info or check made payable to New Albany Tennis Center.

Mailing Address: New Albany Tennis Center P.O. Box 712 New Albany, Ohio 43054

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