

# SENIOR COURT TIME PASS

AT BLAIRWOOD & LTC

**\$100**

10 DOUBLES PLAY  
OR 5 SINGLES PLAY  
DURING NON-  
PRIME TIME



**502-426-4923**  
[www.louisvilletennis.com](http://www.louisvilletennis.com)



**BLAIRWOOD**  
TENNIS • SWIM • FITNESS  
**502-426-8820**  
[www.blairwood.com](http://www.blairwood.com)



## PLAY TENNIS & SAVE

The Senior Court Time Pass is designed for Seniors who wish to play tennis often. One convenient payment gives you a series of doubles or singles court time that will be honored at either club.

- Pass Holder must be 65 years or older and a member in good standing at Blairwood or LTC
- Pass is good for Senior League play
- Pass is good for Non-Prime Time (Mon-Fri 7-9am and 1-4pm, Sat 1-6pm, Sun 8am-1pm)
- 1-1/2 hours doubles play = 1 play
- 1-1/2 hours singles play = 2 plays
- Can reserve courts up to 2 days in advance
- Not valid for Permanent Court Time
- Non-member rate Senior League Play = \$15/doubles play

# SENIOR COURT TIME PASS AT BLAIRWOOD & LTC

## PASS TERMS:

- Pass is good at both Blairwood & Louisville Tennis Club
- Pass Holder must be 65 years or older
- Pass Holder must be member in good standing at either Blairwood or Louisville Tennis Club
- Pass is not valid for Permanent Court Time
- Pass is good for Senior League Play
- Pass can be used only for Non-Prime Time (Mon-Fri 7-9am and 1-4pm, Sat 1-6pm, Sun 8am-1pm)
- Pass Holder can reserve court time only 2 days in advance
- \$100 PASS = 10 PLAYS
- 1-1/2 hours doubles play = 1 PLAY
- 1-1/2 hours singles play = 2 PLAYS
- Non-Member Rate for Senior League Play is \$15/doubles play

## MEMBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## SENIOR COURT TIME PASS PAYMENT INFORMATION

*Entire payment for pass is due at time of purchase. No refunds.*

# PASSES \_\_\_\_\_ X \$100/PASS = TOTAL DUE: \$ \_\_\_\_\_

Payment by:  Check  Cash  Visa  Mastercard  Amex  Discover

Cardholder Name: \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ CID#: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

## MEMBER AGREEMENT

By signing this form, I am stating that I understand the terms.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_