

**DURHAM-ORANGE COMMUNITY TENNIS ASSOCIATION
POST OFFICE BOX 61245
DURHAM, NORTH CAROLINA 27715
(919) 547-4354 (O); (919) 683-1966 (H)
Website: www.docta.org**

November 2, 2005

Dear Junior and Adult Tennis Players:

It was a short and promising summer for juniors and adults for the Tennis Clinics. We are gearing up for the Indoor Fall Group Tennis Clinic at Duke University Indoor Courts. I will be closing the contract by the end of this week. The first session starts on Friday, November 4, 2005 from 8:00 to 9:30 pm at Sheffield Indoor Tennis Center.

The initial payment of \$45 per person will be due at the first clinic on Friday. Thereafter, the fee is \$35 per person for each weekly Friday clinic. A registration form must be completed by each participant (attached). Registration is limited to the first 20 participants. Please make checks payable to the Durham-Orange Community Tennis Association (DOCTA).

I can be reached at (919) 683-1966 or (919) 547-4354 or email me at mclean99@mindspring.com for any questions.

Sincerely,

John H. McLean

John H. McLean, III
Tennis Coach/Instructor

**DURHAM-ORANGE COMMUNITY TENNIS ASSOCIATION
FALL INDOOR GROUP JUNIOR/ADULT CLINICS
REGISTRATION FORM**

Please print clearly:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (H) _____ (O) _____ (C)

Email Address _____

Check one

Group: Junior _____ (age _____) Adult _____

Level: Beginner _____ Intermediate _____ Advanced _____

Release

As a participant of the DOCTA Fall Indoor Group Junior/Adult Clinics at Duke University Sheffield Indoor Tennis Center on Fridays, I (we) agree to release John McLean and other instructors, Duke University, and the Durham-Orange Community Tennis Association from any and all responsibilities for injury or losses incurred at the location of the clinics or traveling to and from the clinics.

Payment Agreement

I (we) understand that the program will run from November 4, 2005 – March 4, 2006 and that the initial fee for the clinic is \$45 on the first day; and \$35 thereafter for each clinic on Friday nights from 8 pm – 9:30 pm.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if under 18 years old)