

Durham-Orange Community Tennis Association

2010/2011 Private-Groups Adult/Junior Clinic Registration Form

_____ Jr. Development Program _____ Adult Program _____ Stay Fit and Healthy

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

School attending _____ Grade _____ NTRP Rating _____

I am a _____ beginner _____ intermediate _____ advance player

I am a _____ under 5 _____ under 8 _____ under 14 _____ 18 under _____ 19-49 _____ 50 & over

Please mail & make payable to: DOCTA, P.O. Box 61245, Durham, NC 27715 (Please schedule sessions with Instructor) All clinics held at Rock Quarry Tennis courts

Private - Semi Private & Group Tennis Lessons Only:

Juniors, Adults, Beginner, Intermediate, & Advance. Rock Quarry Tennis Courts - Durham

_____ March 8, 2010 - November 4, 2010 ½ Hour \$ 20 1 Hour \$ 40 1-½ Hour \$ 55

Contact: John McLean @ (919)547-4354 Email: mclean_15685@hotmail.com

Juniors/Adults - Tuesday & Thursday 6:30-8:00 pm (Beginner & Intermediate)

_____ Session I: (Juniors) Tuesday March 30th- April 29, 2010 (6 weeks) \$180.00

_____ Session I: (Adults) Monday March 29th- April 28, 2010 (6 weeks) \$180.00

Junior Development Program - 6:30-8:00 pm (Intermediate & Advance 6 weeks)

_____ Session I: (Intermediate) Mon/Wed > May 31st-July 7, 2010 (6 week) \$180.00

_____ Session I: (Advance) Tues/Thurs > June 1st-July 8, 2010 (6 weeks) \$180.00

_____ Session II: (Intermediate) Mon/Wed > July 12th- August 18, 2010 (6 weeks) \$180.00

_____ Session II: (Advance) Tues/Thurs > July 13th-August 19, 2010 (6 weeks) \$180.00

_____ Session III: (Intermediate) Mon/Wed > Sept 6th-October 13, 2010 (6 weeks) \$180.00

_____ Session III (Advance) Tues/Thurs > Sept 7th-October 14, 2010 (6 weeks) \$180.00

Indoor Adult/Juniors Fridays - 9:00 pm-10:30 pm \$275.00

_____ Session IV: November 5, 2010 to March 25, 2011 (18 weeks) Duke Indoor Tennis Facility

I, hereby, release the Durham-Orange Community Tennis Association, Durham Parks and Recreation, Duke University, USTA and all affiliates from any all responsibility for illness or injury while traveling to and from; and participation in the above clinics.

Signature of Participant _____ **Date** _____

Signature of Parent/Guardian _____ **Print Name** _____ **Date** _____