

Durham-Orange Community Tennis Association 2011/2012 Adult/Junior Clinic Registration Form

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

Name _____

Address _____ Email _____

City _____ State _____ Zip _____

Home # _____ Cell # _____

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 checks 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 7, 2011 - November 4, 2011 ½ Hour \$ 20 1 Hour \$ 40 1-½ Hour \$ 55

Contact: John McLean @ (919)547-4354 Email: mclean2015@hotmail.com

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

_____ Session I: (Juniors) Tuesday March 29th- April 28, 2011 (5 weeks) \$180.00

_____ Session I: (Adults) Monday March 28th- April 27, 2010 (6 weeks) \$180.00

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

_____ Session I: (Intermediate) Mon/Wed > May 30st-July 1, 2011 (6 week) \$180.00

_____ Session I: (Advance) Tues/Thurs > May 31st-July 7, 2011 (6 weeks) \$180.00

_____ Session II: (Intermediate) Mon/Wed > July 11th- August 19, 2011 (6 weeks) \$180.00

_____ Session II: (Advance) Tues/Thurs > July 12th-August 18, 2011 (6 weeks) \$180.00

_____ Session III: (Intermediate) Mon/Wed > Sept 5th-October 14, 2011 (6 weeks) \$180.00

_____ Session III: (Advance) Tues/Thurs > Sept 6th-October 13, 2011 (6 weeks) \$180.00

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

_____ Session IV: November 4, 2011 to March 30, 2012 (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 _____