

Durham-Orange Community Tennis Association (DOCTA)

Post Office Box 61245, Durham, NC 27715; Telephone: 919-547-4354; Website: www.docta.org

JUNIOR TENNIS PROFESSIONALS INSTITUTE – SESSION III REGISTRATION

Participant's Name _____ Age _____
 Jr. Institute Ball Group _____ Red _____ Orange _____ Green _____ Yellow _____
 Address _____ City _____ Zip _____
 School Attending _____ NTRP Rating _____ UTR Rating _____
 Parent/Guardian Name _____
 Home Phone _____ Cell Phone _____
 Email Address _____ @ _____

DOCTA Junior Tennis Professionals Institute Schedule	Program Dates	Program Times	Individual Fees	Program Location
Red Ball Jr. Stars Clinics and Games (Ground Stroke, Forehand, Backhand, Serve and Volley) (8U)	TBA			
Orange Ball Jr. Champs Clinics and Games (Ground Stroke, Forehand, Backhand, Serve and Volley) (10U)	Sundays Sept. 18, 25, and Oct. 2, 9 & 23, 2022	2:00 pm – 3:00 pm	\$35 per session \$20 per session (JTT Player - \$15 Discount)	Whippoorwill Tennis Courts
Green Ball Jr. Dreamers Clinics (Ground Stroke, Forehand, Backhand, Serve and Volley) (Beginners-First time players) (12U)	Sundays Sept. 18, 25, and Oct. 2, 9 & 23, 2022	2:00 pm – 3:00 pm	\$35 per session \$20 per session (JTT Player- Discount \$15)	Whippoorwill Tennis Courts
Yellow Ball Jr. Professionals Clinics (Ground Stroke, Forehand, Backhand, Overhead, Serve, and Volley) (14-18U)	TBA			

Initial sessions will assess current individual skill level and development for ongoing tennis programming.

_____ \$175.00 (Total) Paid by: _____ Venmo (Durham-Orange Community Tennis) (@DOCTA1998) _____ Check # _____
 _____ Cash Date: _____ (May pay per session or at full cost for all 5 sessions)
 _____ \$100.00 (Total) Paid by: _____ Venmo (Durham-Orange Community Tennis) (@DOCTA1998) _____ Check # _____
 _____ Cash Date: _____ (May pay per session or at full cost for all 5 sessions)

*Whippoorwill Tennis Courts, 1632 Rowemont Drive., Durham, NC 27705

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

Signature of Participant _____ Date _____

Parent/Guardian (Print Name) _____

Signature of Parent/Guardian _____ Date _____

Please pay online, on-site and/or make checks payable to: DOCTA, P. O. Box 61245, Durham, NC 27715.