

COACHES PROFILE - COURSE REGISTRATION FORM

NATIONAL COACHING CERTIFICATION PROGRAM - TENNIS

Title (Mr. Mrs. Ms. etc) -----									
Surname			First names				Passport No		
Street			Soc. Ins. No						
City			Prov.	Reg.	Postal Code		Tel (Res)		Tel (Bus)
							()		()

Level Currently Fully Certified at

Name of Club(s) Where You Have Taught and Position that you hold (or have held)

Tennis Coaching Experience

Tennis Playing Experience

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DATE, LOCATION AND LEVEL OF CLINIC YOU WISH TO ATTEND:

Date: _____ Location: _____ Level of Clinic/: _____

Name of special medical condition you have that the Course Facilitator should be aware of: _____

Please send cheque and application form to your Provincial Association one month prior to the start date of the clinic. Applications received without a cheque will not be accepted.

Please make cheques payable to:

_____ and then forward to the

following address:

Provincial _____

Street _____

City _____ Prov. _____

Postal Code _____

Signature of Applicant _____

Date _____ 20 ____